United Nations E/ICEF/2017/P/L.23

Economic and Social Council

Distr.: Limited
10 August 2017
English
Original: English/French/Spanish

For decision

United Nations Children's Fund
Executive Board
Second regular session 2017
12-15 September 2017
Item 8 (a) of the provisional agenda*

Country programme document

Nepal

Summary

The country programme document (CPD) for Nepal is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $36,008,000 from regular resources, subject to the availability of funds, and $114,260,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14

17-13786X (E) 110817

Please recycle

Programme rationale

1. The 2018-2022 Government of Nepal-UNICEF country programme of cooperation builds on the achievements and the progress towards many Millennium Development Goals and will help to realize the commitment of Nepal to achieve the Sustainable Development Goals. The Constitution of Nepal 2072 (2015) envisions a federal democratic republic with a substantial devolution of functions to provincial and local governments. The Fourteenth Three-Year National Plan sets the goal of graduating to middle-income status by 2030 as a welfare state with social justice based on socioeconomic transformation and rapid poverty reduction. The country programme supports Nepal in progressing towards these priorities.

2. For the next few decades, the working age population of Nepal will continue to expand relative to the total population, providing a 'demographic window of opportunity'. This window is finite, however, and it is estimated that by 2047 the working age population will start to decrease. Investing in today's children and future generations is therefore extremely important to ensure that they are prepared to sustain the country's development. The child population in Nepal was 11.3 million in 2016 (with 2.9 million children under five years of age) out of the total population of 28.4 million (Census, 2011).

3. Nepal is the second poorest country in Asia, with the fifth lowest human development ranking [1], with significant disparities by wealth, region, language, education, caste, ethnicity, gender and age. A Child Deprivation Index devised by UNICEF shows that the worst socioeconomic deprivations are found in Central Terai and the Mid- and Far-Western areas (provinces 2, 6 and 7).

4. Nepal is highly prone to disasters, and sits in a seismically active zone prone to mega-earthquakes. The 2015 earthquakes killed more than 8,900 people, 30 per cent of them children, and injured 22,400.[2]

5. The under-five mortality rate was reduced by 67 per cent, from 118 per 1,000 live births in 1996 to 39 per 1,000 in 2016, which is a great achievement. But the neonatal mortality rate remains high. Nationally, 54 per cent of under-five deaths occur during the neonatal period.[3] The neonatal mortality rate is more than twice as high among the poorest quintile compared with the richest, and higher among younger mothers.[4] Early marriage and child bearing are major issues, with 16 per cent of women aged 20 to 24 years having had a child before the age of 18 years.

6. Child malnutrition rates have declined over the past two decades. The prevalence of stunting among children under five years of age decreased from 57 per cent (1996) to 36 per cent (2016).[5] However, the current stunting rate is still high. Nationally, ten per cent of children are wasted. Only 66 per cent of children aged 0 to 5 months are exclusively breastfed and only 35 per cent of children aged 6 to 23 months receive a minimum acceptable diet. Vitamin A prophylaxis coverage for children aged 6 to 59 months is at 86 per cent. Ninety-five per cent of children live in households that consume iodized salt.

[1] United Nations Development Program (UNDP), 2017.
[2] UNICEF, Nepal Earthquakes: One Year Later Moving On, 25 April 2016.
[3] Nepal Demographic and Health Survey (NDHS), 2016.
[4] Statistics in subsequent sections are from the 2014 Nepal Multiple Indicator Cluster Survey unless indicated otherwise.
[5] NDHS, 2016.

7. There have been huge increases in access to primary education over the last 20 years, with the net enrolment rates for 2015/2016 at 97 per cent.[6] However, national attendance in early childhood education (ECE) is low, at 51 per cent among children aged 3 to 5 years. Only 12 per cent of the poorest quintile is developmentally on track in literacy-numeracy compared with 65 per cent of the richest. Attendance in basic education (grades 1-8) is still low, with 770,000 children aged 5 to 12 years out of school and high drop-out rates among adolescents.[7] Only half of students in Grades 3, 5 and 8 meet the academic achievement criteria for Nepali and mathematics. Only 6 per cent of schools meet the child-friendly school standards[8] and only11 per cent of school buildings are earthquake-resistant.[9]

8. Eighty-two per cent of children aged 1 to 14 years have been subjected to at least one form of psychological or physical punishment by household members.[10] More than one-third of women aged 20 to 24 years marry before the age of 18 years. Of children aged 5 to 17 years, 37 per cent are involved in child labour. Nepal is also a major source, transit hub and destination country for trafficking. Children in conflict with the law do not have access to mechanisms for alternatives to custodial sentences, such as diversion and restorative justice, and there is a paucity of child-sensitive procedures in judicial processes.

9. Ninety-three per cent of households were using improved water sources (2014), up from 46 per cent in 1990. But the quality of water remains poor, with 71 per cent of all water sources (91 per cent of those used by the poorest quintile) contaminated with *Escherichia coli* bacteria. Twenty-five per cent of the water supply is reported to be fully functioning and 40 per cent requires major repairs.[11] Sixty-two per cent of households were using an improved sanitation facility (2016), up from 6 per cent in 1990. Open defecation is still practiced by 10 per cent of the population[12] . Twenty per cent of government schools lack improved water and sanitation facilities, with an additional 15 per cent lacking separate toilets for girls and boys and lacking menstrual hygiene management facilities.[13]

10. Twenty-five per cent of the population was living below the poverty line in 2010.[14] Children are 'over-represented' among the poor with 31 per cent and 36 per cent of children under the ages of 18 years and 5 years in poverty, respectively.[15] Households with many children, with low education, of the Dalit caste, in rural areas, and those with small landholdings are likely to be among the poorest. Currently, only 20 per cent of children under the age of 5 years benefit from the Government's child grant cash transfer programme.

[6] Ministry of Education, Flash Report I for 2015/16, 2016.
[7] Ministry of Education, United Nations Educational, Scientific and Cultural Organization and UNICEF, 2016.
[8] Ministry of Education, 2015.
[9] Paci-Green R, Pandey B, Friedman R. 2015. Post-earthquake comparative assessment of school reconstruction and social impacts in Nepal. Risk RED
[10] Government of Nepal, National Planning Commission, Central Bureau of Statistics and UNICEF, Multiple Indicator Cluster Survey, 2014.
[11] Nepal Management Information Programme, 2014.
[12] Environmental Sanitation Section/Department of Water Supply and Sewerage, 2017.
[13] Education Management Information System, 2014/15.
[14] Central Bureau of Statistics, 2011.
[15] Mathers, N. (2016) Reaching national coverage: An expansion strategy for Nepal's Child Grant. Policy Brief. UNICEF Nepal, Kathmandu

11. One lesson learned during the country programme 2013-2017 is that preparedness-related measures for emergencies do pay off as exemplified by the utility of pre-positioned priority emergency supply items and smooth functioning of cluster coordination mechanism during emergencies based on prior planning and training[16]. Another lesson learned is that the government's regular social protection schemes are robust enough to be used to quickly launch cash-based assistance at scale at the time of emergency if accompanied by systematic planning, monitoring, facilitation and evaluation as proven during the 2015 earthquake emergency response[17]. Thirdly, meeting of good technical inputs and well-incentivised demand can bring about substantial increase in people's access to basic services as shown in the success of the Open Defecation Free social movement[18]. Lastly, well-established community-based system at scale helps the country make continuous progress and also minimize the set-back at the time of crisis as shown by the effects of the Female Community Health Volunteer (FCHVs) Scheme in Health and Nutrition and its strength even during emergencies.[19]

Programme priorities and partnerships

12. The country programme is aimed at helping Nepal capture its demographic window of opportunity by investing in the current large cohort of children, especially disadvantaged girls, ethnic and low-caste groups, those in hard to reach areas, out-of-school adolescents and single and child-headed poor households. The programme will contribute to the country's Sustainable Development Goal aspirations through six components: health, nutrition, education, child protection and WASH and social policy and economic analysis. The overall outcome will be that children have improved and equitable access to and the use of child-friendly high-quality services, improved practices and protective and safe environments. Supply-side challenges, including human resources and the coverage and quality of social services, will be addressed, together with demand-side efforts to change harmful social norms and practices that lead to gender inequities and deprivations and the under-utilization of relevant social services. In line with the UNICEF Strategic Plan 2018-2021 and the UNICEF Gender Action Plan 2018-2021, UNICEF will support the country to:

(a) Improve and ensure the uninterrupted delivery of essential services during the transition to the federal system of government;

(b) Foster multisectoral programming on such issues as early childhood development (ECD), adolescents, and disability;

(c) Enhance the national capacity for humanitarian action and an effective humanitarian-development transition, including disaster preparedness and resilience and sustainable recovery and reconstruction in the aftermath of the 2015 earthquakes;

(d) Strengthen gender-responsive programming in all areas;

[16] DARA, Evaluation of UNICEF's Response and Recovery Efforts to the Gorkha Earthquake in Nepal, 2016
[17] Oxford Policy Management, Evaluation of the Nepal Emergency Cash Transfer Programme through Social Assistance, 2017
[18] UNICEF, Lessons from Nepal's Sanitation Social Movement "Sanitation for All : All For Sanitation", 2014
[19] Ministry of Health and Population, Female Community Health Volunteer: National Survey Report 2014, 2015

(e) Promote positive behaviours, demand for services and the strengthening of social norms that contribute to the realization of child rights by means of innovations, behavioural-change communication and the improvement of relevant programmes, policies and systems;

(f) Share lessons learned and best practices through South-South cooperation.

13. At the federal, provincial and local levels, the programme will focus on policy reform, improved supply chain management for essential services and capacity strengthening for successful operationalization of the federal system, including ownership and sustainability through local institutions This will draw on the experiences and lessons learned from the current Child-Friendly Local Governance Programme. The programme will target the most-disadvantaged children, with particular focus on Central Terai and the Mid- and Far-Western areas (provinces 2, 6 and 7). In addition, broader policy and advocacy support will be provided in the remaining four provinces for the realization of child rights under the new federal system. The programme will evolve with the unfolding federal structure of the country so that no child is left behind.

14. The programme will contribute to the Fourteenth Three-Year National Plan, which is aimed at establishing a welfare state, with social justice and the reduction of poverty and inequity. The programme is based on the United Nations Development Assistance Framework (UNDAF) 2018-2022. UNICEF will contribute to three of the four UNDAF priority areas: social development; resilience, disaster risk reduction (DRR) and climate change adaptation (CCA); and rule of law, governance and human rights.

Health

15. The health component aims to ensure that children, including newborns and adolescents, and women of reproductive age have improved and equitable access to and use of high-impact quality health interventions and improved healthy behaviour. It is guided by the Nepal Health Sector Strategy (2015-2020), which is being implemented through a sector-wide approach led by the Ministry of Health.

16. Neonatal and maternal mortality will be addressed through advocacy for approval of the Reproductive Health Bill and support for establishment of intensive care units for newborns and relevant referral systems. Early detection of disabilities among newborns will be promoted in collaboration with other sectors. Harmful practices will be addressed through the promotion of positive care seeking behaviours.

17. Childhood illnesses will be addressed through engagement in policy advocacy for child health and support to sustain high levels of coverage, further improvement of the immunization programme and scaling-up the Integrated Management of Neonatal and Childhood Illness programme. A strategy will be developed to address pneumonia through the use of new diagnostic technologies while diarrhoea will be addressed through preventive and curative measures.

18. Adolescent health issues, including teenage pregnancy and menstrual hygiene management will be addressed through the implementation of the National Adolescent Health and Development Strategy. The capacity-strengthening of FCHVs and health workers will be supported to improve access to gender- and adolescent-sensitive, including through the school health programme. Communication for development (C4D) using direct outreach, mass and social media and e-health platforms, will promote healthy behaviours for adolescents.

19. The operationalization of the federal governance structure for health will be supported to ensure the uninterrupted delivery of key health programmes. The Health Management Information System and the e-health strategy will be strengthened through new information technologies. Disaster preparedness, DRR and CCA will be supported through capacity-strengthening and awareness-raising activities, while harmful social norms will be addressed through gender-responsive C4D strategies.

Nutrition

20. This nutrition component aims to ensure that children, including adolescent girls and women of reproductive age, have improved and equitable access to and the use of an adequate nutritious diet and improved nutritional care behaviour and practices. The Multi-Sector Nutrition Plan (MSNP) involving several ministries and led by the National Planning Commission (NPC), will guide the implementation of the nutrition component.

21. Adolescent, maternal, infant and young-child nutrition and care will be supported through implementation of the "Golden 1,000 Days" campaign, the Baby-Friendly Hospital Initiative and the Maternal, Infant and Young Child Feeding Action Plan, focussing on low-performing areas and expansion of the child grant programme. Support will be provided to further strengthen capacity of health workers and FCHVs for improved counselling on feeding, while C4D approaches will be used to realize positive behavioural change at scale.

22. Efforts to scale up the existing integrated management of severe acute malnutrition (SAM) interventions will be supported. Supply-side support for SAM treatment centres and the capacity development of FCHVs and health workers for the screening, referral and quality case management of SAM will be combined with demand-side social mobilization efforts targeting caregivers and community and religious leaders.

23. Micronutrient deficiencies will be addressed through the national micronutrient control strategy focussing on anaemia and vitamin A and iodine deficiency. The anaemia control programme will be improved based on findings from the National Micronutrient Survey 2016 and the promotion of the demand for iron and folic acid supplementation among adolescent girls and pregnant women. Advocacy and private sector engagement are expected to strengthen the local production of micronutrient powder and fortified foods.

24. The operationalization of the federal system for the nutrition programmes will be supported through the coordination, implementation, monitoring and evaluation of the MSNP. Support will be provided to develop guidelines on resilience and DRR and CCA in relation to nutrition, including uninterrupted supply chains and the rapid scaling-up of SAM management in emergencies. As the Global Nutrition Cluster co-lead, UNICEF will also support the Government and partners to strengthen the overall capacity for DRR and preparedness and CCA.

Education

25. The education component is aimed at ensuring all children, especially the most disadvantaged, benefit from improved access, participation and learning outcomes in pre-primary and basic education within inclusive, safe and protective environments. It is guided by the new School Sector Development Plan (2016-2022) and its Equity Strategy, implemented in a sector wide approach mode led by the Ministry of Education.

26. Access to early learning in underserved areas will be addressed through community-based ECE and parenting education based on lessons learned during the previous country

programme. This will feed into evidence-based policy advocacy for the scaling-up of quality ECE throughout the country. Capacity-strengthening of local bodies will support the equitable delivery of school-based quality ECE. Supply-side bottlenecks will be addressed by the development of teacher skills and quality teaching and learning materials.

27. The quality of basic education will be supported through policy development and planning focussing on the child-friendly school model; the improvement of classroom teaching and learning; the promotion of early grade literacy and numeracy; inclusive education; and the appropriate medium of instruction. Innovations and research on teaching in multilingual classrooms will be supported.

28. Adolescents entering late and those who were never enrolled will be supported to enter into the formal system through non-formal classes using lessons learned from the Girls Access to Education initiative. C4D strategies targeting parents will aim at increasing demand for formal education for working children. Life skills of adolescents will be improved through the life-skills-based curriculum "*Rupantaran*".

29. The operationalization of the federal set-up for the education system will be supported within the context of the School Sector Development Plan. The implementation of the Comprehensive Safe Schools Masterplan will be supported by strengthening the capacity for DRR and CCA, education in emergencies and the Schools as Zones of Peace initiative. UNICEF will continue to co-lead the Education Cluster for improved DRR and preparedness and CCA.

Child protection

30. The child protection component is aimed at ensuring that children, including adolescents, have improved protection from all forms of violence, abuse and exploitation. The component will be guided by the National Strategy to End Child Marriage in Nepal (2016), the National Policy Relating to Children (2012), the National Master Plan on Child Labour (forthcoming) and legislation pertaining to child trafficking and labour.

31. Support will be provided to strengthen the child protection system within the new federal structure by scaling up comprehensive case management procedures and advocating for the recruitment of a professional child-protection workforce. The Inter-Agency Child Protection Information Management System will be introduced and used to provide disaggregated data on child-protection issues. UNICEF will support the strengthening of the capacity for DRR and preparedness and CCA at all levels as a co-lead of the Global Protection Cluster covering child protection and gender-based violence.

32. Violence and exploitation will be addressed through the development, revision and implementation of necessary legislation and policies concerning violent discipline, child labour, child trafficking, gender-based violence and child marriage. In addition, C4D strategies will be used to change societal acceptance of these issues. Support will also be provided to help strengthen the capacity of the Government to provide appropriate services to victims.

33. Support will be provided to review legislation and policies on children's access to justice; develop the necessary regulations, protocols and guidelines; and strengthen the information management system on justice for children. UNICEF will support the capacity-strengthening of justice and security professionals, psychosocial counsellors and social workers on gender-sensitive and child-friendly justice procedures, while piloting new

concepts and practices, such as diversion, restorative justice and victim/witness protection measures.

Water, sanitation and hygiene

34. This WASH component is aimed at ensuring that children and their families have improved and equitable access to and use of safe and sustainable drinking water and sanitation services and improved hygiene practices. It is guided by the recent WASH Sector Development Plan (2016-2030), to be implemented by the Ministry of Water Supply and Sanitation.

35. Support will be provided to improve water quality through the strengthening of the water regulatory body, implementing water safety plans, analysing fiscal space and raising community awareness on household-level water treatments. A strategy to ensure the access of unreached populations to safe water will be developed and implemented by strengthening the functionality, coverage, sustainability and resilience of water supply systems. Access to safe water in education and health care facilities will be improved through intersectoral collaboration.

36. The Open Defecation Free social movement and the Total Sanitation concept will be scaled up. The private sector will be engaged to promote improved hygiene practices and create markets for sanitation. Gender- and disability-friendly sanitation facilities in health facilities, ECD centres and schools will be advocated through the child-friendly school initiative. The ranking of schools in terms of their provision of WASH facilities will be scaled up nationally. Mass and social media campaigns will help to raise awareness on hygiene behaviours, including menstrual hygiene practices.

37. The operationalization of the federal structure for the WASH system will be supported within the context of the WASH Sector Development Plan. Support will be provided to the Government to formulate a new WASH Act and to revise policies to promote gender equality and social inclusion. The implementation of new guidelines for WASH in schools and health facilities will be supported. DRR and CCA will be mainstreamed into existing policies, strategies and plans, and multi-hazard risk analyses, risk-informed programming and management capacities will be strengthened. As the Global WASH Cluster co-lead, UNICEF will provide support for DRR and preparedness and CCA.

Social policy and economic analysis

38. The social policy and economic analysis component is aimed at ensuring that children benefit from strengthened policies and programmes that address child poverty, vulnerability and exclusion. The Fourteenth Three-Year National Plan, with its focus on socioeconomic transformation, rapid poverty reduction and equitable distribution, and the draft national Framework on Social Protection under the leadership of the Ministry of Finance and the NPC will guide the component.

39. Support will be provided to the NPC and the Central Bureau of Statistics (CBS) to strengthen capacities for evidence generation, including the measurement and analysis of child poverty, vulnerability and exclusion; the analysis of key emerging issues including federalism, urbanization and migration; and fiscal space analysis and investment cases for key social interventions.

40. Building upon the positive momentum for child-sensitive social protection systems, technical support will be provided to scale up the child grant programme in the context of the federal set-up until it reaches all children under five years of age. The improvement of the child grant programme will be supported through an impact assessment, the use of information technology, and by strengthening inter-sectoral linkages with birth registration, health and nutrition services and ECD.

41. UNICEF will facilitate dialogue among a broad range of stakeholders to co-create, share and use knowledge to support more effective policies concerning children. Regular dialogues will be held with parliamentarians on legislation, policies and budgetary matters relating to children's well-being.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health	3 200	15 700	18 900
Nutrition	3 000	33 000	36 000
Education	3 200	30 100	33 300
Child protection	3 000	14 060	17 060
Water, sanitation and hygiene	2 600	15 400	18 000
Social policy and economic analysis	2 500	3 000	5 500
Programme effectiveness	18 508	3 000	21 508
Total	**36 008**	**114 260**	**150 268**

Programme and risk management

42. This CPD outlines the contributions of UNICEF to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

43. The country programme will contribute to the achievement of relevant outcomes of the UNDAF through its coordination mechanism. Security-related support will be provided by the Department of Safety and Security. For improved efficiency and risk mitigation, several United Nations agencies will share common premises and common services. The Harmonized Approach to Cash Transfers will be used for the further efficiency, effectiveness, quality and value for money of transactions.

44. The country programme will support early warning systems including the nutrition sentinel surveillance and improve children's safety through the Comprehensive Safe Schools Masterplan. Emergency operations will be coordinated by the humanitarian country team under the National Disaster Response Framework of Nepal. UNICEF will co-lead four clusters (WASH, Nutrition, Education and Protection) and build on the innovative

good-practice approach on Communicating-with-Communities from the 2015 earthquake response.

45. The risk of reduced resources will be mitigated through evidence-based advocacy for the necessary investments in children and partnering for results. The Demographic Changes study[20] shows a rapidly ageing society, an increasing dependency ratio and a finite window of opportunity of the demographic dividend and will be used for promoting the time-bound investments for children required for the country's sustainable development.

Monitoring and evaluation

46. The five-year Integrated Monitoring and Evaluation Plan (IMEP), accompanied by the costed evaluation plan, will structure and highlight priority monitoring, evaluation and research activities.

47. Guided by the IMEP, the results and resources framework will form the basis for monitoring progress on delivering outputs and on contributing to outcomes for each programme component. Research, evaluations and studies will feed into the annual reviews and the 2020 midterm review of the country programme with the Ministry of Finance and relevant line ministries. The reviews will capture key lessons learned and guide necessary adjustments of the country programme.

48. Output indicators will be measured annually to monitor progress and will primarily be based on sectoral information systems. UNICEF, within the context of the UNDAF, will help to strengthen the capacity for improving the quality of sectoral information systems. Gaps in information, including disaggregated data that highlights equity and gender disparities, will be filled through thematic surveys, such as the planned national survey on child trafficking.

49. Outcome indicators based on Sustainable Development Goals and UNICEF standard indicators will also be measured regularly, including through sectoral information systems and national surveys, such as the planned 2019 Multiple Indicator Cluster Survey, to be carried out with the CBS. Support will be provided to strengthen national evaluation capacity.

[20] NPC, "Demographic changes of Nepal: Trends and policy implications", 2017.

Annex

Results and resources framework

Nepal – UNICEF country programme of cooperation, 2018-2022

Convention on the Rights of the Child: Articles 2-7, 9, 11-15,17-21, 23-24, 26-30, 32, 34-37, 39-40 and 42 **National priorities:** The Fourteenth Three-Year National Plan: Social development, good governance, promoting cross-cutting sectors **Sustainable Development Goals:** 1-6, 8, 10-13 and 15-17
UNDAF outcomes involving UNICEF: 2. By 2022, there is improved, equitable access, availability and utilization of quality basic social services for all, particularly for vulnerable people 3. By 2022, environmental management, sustainable recovery and reconstruction, and resilience to climate change and natural disaster are strengthened at all levels 4. By 2022, inclusive, democratic, accountable and transparent institutions are further strengthened towards ensuring rule of law, social justice and human rights for all, particularly for vulnerable people. **Outcome indicators measuring change that includes UNICEF contribution:** Birth attended by skilled health personnel; adolescent fertility rate; percentage of children under age five who are stunted; percentage of children under age five who are wasted; students learning achievement scores in grade 8; survival rate for grade 8; percentage of women aged 15 to 19 years are married or in union; percentage of the population using a safely managed drinking water service; percentage of the population using safely managed sanitation services Reduction in annual loss of human life compared with rates between 2005 and 2015; effective, accountable and inclusive institutional mechanism and legislation for recovery and reconstruction Proportion of vulnerable people accessing legal aid services; proportion of vulnerable people accessing the formal justice system
Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:[1] 1-5

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. **Health** By 2022, children, including newborns and adolescents, and women of reproductive age have improved and equitable access to and use of high-impact quality health interventions and improved healthy behaviours.	Skilled attendant at delivery of women (15-49 years) B: 58% T: 69%	Multiple Indicator Cluster Survey (MICS), Health Management Information System (HMIS), Nepal Demographic and Health Survey (NDHS)	1.1 Increased capacity to provide equitable access to quality maternal and newborn services and to improve healthy behaviours 1.2 Increased capacity to provide equitable access to quality child health services and to improve healthy behaviours 1.3 Increased capacity to provide health services that are sensitive and responsive to adolescents' needs and to improve healthy behaviours 1.4 Increased capacity to legislate, plan and budget to improve health systems, including mainstreaming disaster risk reduction (DRR) and climate change adaptation	**Government:** Ministries of Health (MoH); Education (MoE); Federal Affairs and Local Development; and Finance (MoF) Parliament United Nations: World Health Organization (WHO), United Nations Population Fund (UNFPA) Others: development partners (DPs), civil society organizations (CSOs)	3 200	15 700	18 900
	Percentage of fully immunized children (12-23 months) B: 78% T: 90%	MICS/NDHS/ HMIS					
	Percentage of newborns receiving newborn care services within 2 days of birth B: 57% T: 75%	MICS/NDHS/ HMIS					
2. **Nutrition** By 2022, children, including adolescent girls, and women of reproductive age have improved and equitable access to and use of adequate nutritious diet and improved nutritional care behaviour and care practices.	Percentage of children (6-23 months) provided with minimum dietary diversity B: 37% (350,000) (national); 34% (rural); 57% (urban) T: 52% (470,000) (national) 48% (rural), 80% (urban)	MICS/NDHS	2.1 Increased knowledge and skills to provide improved adolescent, maternal, infant and young child nutrition and care practices 2.2 Health workers have increased capacity to provide quality care and treatment to children with severe acute malnutrition (SAM) using standard protocols. 2.3 Health workers, Female Community Health Volunteers and communities have increased capacity to stimulate demand for supplementation and to provide fortified foods and a diversified	**Government:** MoH, MoE, Federal Affairs and Local Development, Agriculture and Water Supply and Sanitation National Planning Commission (NPC), Central Bureau of Statistics (CBS) **United Nations:** World Food Programme (WFP), WHO, Food and Agricultural	3 000	33 000	36 000
	Total number of children (6-59 months) affected by SAM who are discharged as recovered B: 5,998; 3,541 (girls); 2,457 (boys)	HMIS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	T: 50,000 ; 30,000 (girls); 20,000 (boys)		diet. 2.4 Multi-Sector Nutrition Plan ministries and partners have increased capacity to legislate, plan and budget to improve nutrition interventions, including mainstreaming DRR and climate change adaptation (CCA).	Organization of the United Nations (FAO), World Bank **Others:** DPs, CSOs			
	Proportion of children under five years of age who are stunted (moderate and severe) B: 36% (1,069,752) T: 28% (882,779)	DHS/MICS					
3. **Education** By 2022, all children, especially the most disadvantaged, benefit from improved access, participation and learning outcomes in pre-primary and basic education within inclusive, safe and protective environments	Percentage of children at end of primary and lower secondary achieving at least a minimum proficiency level in reading and mathematics B: (total; girls; boys) Grade 3 - Reading fluency and comprehension: 12.8%; 14%; 12% Grade 5: Nepali: 47%; 48%; 46% Math: 49%; 48%; 50% Grade 8: Nepali: 48%; 48%; 48% Math: 35%; 33%; 38% T: Grade 3 - Reading fluency and comprehension: 16%; 17%; 14% Grade 5: Nepali: 59%; 59%; 59% Math: 56%; 56%; 56% Grade 8: Nepali: 56%; 56%; 56% Math: 54%; 52%; 55%	Education Management Information System (EMIS)	3.1 Increased capacity to improve access to and the quality of early learning opportunities (among children up to the age of five) in selected local bodies 3.2 Increased capacity to provide quality basic education in targeted areas, including to those with disabilities, those who don't speak Nepali at home and those in remote areas 3.3 Increased capacity to provide adolescents with life-skills education and ensure school enrolment at an appropriate age 3.4 Increased capacity to legislate, plan, budget and monitor to improve education programmes, including mainstreaming DRR and CCA and Schools as Zones of Peace initiative	**Government:** MoE **United Nations:** United Nations Education, Scientific and Cultural Organization , UNFPA, WFP **Others:** DPs, CSOs	3 200	30 100	33 300
	Number of out-of-school children enrolled in basic education (grades 1-8)	EMIS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	B: 0 T: 500,000 (total); 300,000 (girls)						
	Survival rate to grade 8 B: (total; girls; boys) 76.6%; 77.4%; 75.9% T: (total; girls; boys) 92.0%; 93.0%; 91.2%	EMIS					
4. Child protection By 2022, children and adolescents have improved protection from all forms of violence, abuse and exploitation.	Percentage of children (1-14 years) who experienced any physical punishment and/or psychological aggression by caregivers in the past month B: 82% (6.8 million) T: 77% (6.2 million)	MICS	4.1 Increased capacity to legislate, plan and budget to prevent and respond to child protection concerns, including humanitarian situations 4.2 Improved knowledge, skills and capacity to prevent and respond to violence and exploitation 4.3 Improved knowledge and capacity to provide child friendly and gender sensitive services to children in contact with the justice system	**Government:** Ministries of Women, Children, and Social Welfare; Labour and Employment; Federal Affairs and Local Government; MoE, MoH Central Child Welfare Board, NPC, CBS, Parliament, Office of the Attorney General, Nepal Police, Juvenile Justice Coordination Committee **United Nations:** UNDP, UNFPA, Office of the United Nations High Commissioner for Refugees, United Nations Office for Project Services, United Nations Entity for Gender	3 000	14 060	17 060
	Percentage of women (20-24 years) married or in union before the age of 18 years B: 37% (520,000) T: 32% (490,000)	MICS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
				Equality and the Empowerment of Women (UN-Women, International Labour Organization (ILO) **Others:** DPs, CSOs			
5. **Water, sanitation and hygiene (WASH)** By 2022, children and their families have improved and equitable access to and use of safe and sustainable drinking water and sanitation services, and improved hygiene practices.	Proportion of the population using a safely managed drinking water service at the community level B: 27% (7,700,000) T: 40% (12,200,000)	Joint Monitoring Programme for Water Supply and Sanitation	5.1 Increased capacity to improve water quality and functionality and to deliver and sustain access to safe water (especially in schools and health-care facilities) 5.2 Improved sanitation and hygiene knowledge regarding behaviours, and sector stakeholders have enhanced capacity to provide access to safe and sustainable sanitation and hygiene facilities in homes and institutions 5.3 Increased capacity to legislate, plan and budget to improve WASH systems, including mainstreaming disaster risk management	**Government:** Ministries of Water Supply and Sanitation; Federal Affairs and Local Government; MoH; MoE **United Nations:** WHO **Others:** DPs, CSOs	2 600	15 400	18 000
	Proportion of the people practising open defecation B: 10% (2,800,000) T: 1% (300,000)	Department of Water Supply and Sanitation Database					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
6. **Social policy and economic analysis** By 2022, children benefit from strengthened policies and programmes that address child poverty, vulnerability and exclusion.	Strategy for child poverty reduction articulated included in national development plan or a national policy document B: None T: 1	National Plan or other policy documents	6.1 Improved capacity for measurement, analysis and evidence on reducing child poverty, vulnerability and exclusion 6.2 Strengthened capacity to deliver an expanded and improved child-sensitive social protection system 6.3 Improved partnerships with and between national institutions and others for strategic policy advocacy	**Government:** Ministries **of** Federal Affairs and Local Government; MoF, relevant sector ministries; NPC, CBS, Department of Civil Registration, Parliament **United Nations:** ILO, WHO, United Nations Capital Development Fund, World Bank **Others:** DPs, CSOs	2 500	3 000	5 500
	% and trend in resource allocation for key social sectors for children B (FY2016/17) Social Policy: 3.6% Health: 4.6% Education: 11% T: Social Policy: 4.2% (TBC) Health: TBC Education: TBC	National budget					
	Percentage of children covered by the child grant programme B: 20% T: 67%	Department of Civil Registration administrative data, National Census					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
7. **Programme effectiveness** The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Number of participatory annual reviews conducted during the programme cycle B: 5 T: 5	Annual review reports	7.1 UNICEF staff and partners are provided guidance, tools and resources: (a) To plan and monitor programmes; (b) For advocacy and partnerships; (c) For communication for development interventions.		18 508	3 000	21 508
	Percentage of management and programme priorities indicators meeting the global scorecard benchmarks: B: TBD T: 100%						
Total resources					**36 008**	**114 260**	**150 268**

United Nations E/ICEF/2017/P/L.24

Economic and Social Council

Distr.: Limited
18 July 2017

Original: English

For decision

United Nations Children's Fund
Executive Board
Second regular session 2017
12-15 September 2017
Item 8 (a) of the provisional agenda*

Country programme document

Pakistan

Summary

The country programme document (CPD) for Pakistan is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $156,270,000 from regular resources, subject to the availability of funds, and $443,730,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

17-12165X (E) 030817

Please recycle

Programme rationale

1. Pakistan is a lower-middle-income country with an estimated population of 195.4 million (43 per cent children and adolescents).[1] The Eighteenth Constitutional Amendment, adopted in 2010, devolves increased policy, administrative and budget authority to provincial Governments.

2. Overall, poverty has been reduced and macroeconomic growth increased.[2] The Government's Vision 2025 targets moving the country to upper-middle-income status by prioritizing economic growth and development and the improvement of social indicators. Advances for children include the adoption and reform of an array of laws (e.g., constitutional article 25A on compulsory basic education and the imminent enactment of the National Commission on the Rights of the Child bill).

3. National achievements include: (a) increased polio prevention and quick response to resurgent polio, which reduced the number of missed children by a factor of four; (b) the prioritization of routine immunization; (c) the provincial formulation of multi-sector nutrition strategies; (d) a reduction in stunting from 38 per cent to 34 per cent in Punjab; (e) priority actions relating to early childhood development (ECD); and (f) increased social-protection expenditure to 1 per cent of gross domestic product (GDP), and which is expected to rise.

4. Pakistan met the Millennium Development Goal 7 target for water and sanitation (91 and 64 per cent respectively) and provincial Governments are committing resources to reduce open defecation. Disaster management and disaster risk reduction (DRR) are government priorities.

5. As Pakistan implements the Sustainable Development Goals, challenges remain. Poverty and high population growth[3] impact human development, child deprivations and the well-being of women and girls.[4] While 38 per cent of adults live in multidimensional poverty,[5] more than 50 per cent of children are poor, with significant provincial variations.

6. Among the groups left behind are girls, religious and ethnic minorities, those in rural and remote areas or urban slums, out-of-school children, temporarily displaced populations and/or those living in disaster-prone areas.

7. Low investments in public health (0.45 per cent of GDP)[6] as well as governance challenges constrain the capacity of the health system to deliver universal health coverage in line with Sustainable Development Goal targets for neonatal and child survival.

8. The maternal mortality ratio has decreased, and continues to decline. However, some 8 per cent of adolescent girls give birth before the age of 18 years; under-5 mortality is 2.5 times higher among the poorest quintile and neonatal mortality (55/1,000) has remained

[1] *Pakistan Economic Survey* 2014-2015 & 2015-16, Ministry of Finance, Government of Pakistan.
[2] Ibid.
[3] Total fertility rate is 3.8 children per woman.
[4] Pakistan ranks 147 of 188 countries in the 2015 Human Development Index (HDI). The female HDI ranking is 0.436, compared with 0.601 for males. The Gender Development Index ranking is 0.726, the lowest among comparable countries in the region. The Gender Inequality Index is 0.536, ranking Pakistan 12 out of 155 countries.
[5] UNICEF, *A Multidimensional Approach to Measuring Child Poverty*. February 2011.
[6] Pakistan Economic Survey 2015-2016, op. cit.

unchanged for two decades. Only 54 per cent of children aged 12 to 23 months (56 per cent of boys, 51.5 per cent of girls) are fully vaccinated, 5 per cent are not immunized at all,[7] and immunization dropout rates are high as a result of service inequities and a lack of parental awareness. Except for the polio vaccine, vaccine refusals are high, including in urban slums.[8] Some 91,000 children die annually from pneumonia and 53,300 from diarrhoea, both linked to populations affected by poor water and sanitation practices.

9. In nutrition, challenges exist in the quality and quantity of nutritious food. Half of all children are chronically malnourished,[9] leading to low child-survival rates and affecting long-term physical and cognitive development. Mothers are similarly malnourished, perpetuating a negative cycle and affecting the quality of their breastfeeding, even when practiced.

10. Stunting reflects the chronic nutritional deprivation and remains at 43.7 per cent (9.6 million children). It is prevalent across all wealth quintiles in both urban and rural areas, with slightly higher rates among boys. Nearly half of stunting cases are severe, and wasting affects. 15 per cent of children. Due in part to cultural practices, the rate of early initiation of breastfeeding is low (18 per cent in the first hour after birth, 38 per cent exclusive breastfeeding at 0 to 5 months), and formula use has increased substantially over time. Less than 3 per cent of children receive an adequately diversified diet, nearly 62 per cent are anaemic, more than half are vitamin A-deficient and 40 per cent are deficient in both zinc and vitamin D. Fortified foods are often not available. Mothers often lack knowledge about how to feed their children appropriately and/or may lack the resources to do so. Provincial Scaling Up Nutrition (SUN) Units have begun prioritizing multi-sectoral work, and social-protection systems need to expand their coverage.

11. Pakistan has made steady progress in water, sanitation and hygiene (WASH), despite a budget of only 0.2 per cent of GDP. Drinking-water policies are being developed or are in place in all provinces, with sanitation policies implemented or drafted in nearly all. While open defecation has declined considerably,[10] 25 million people still practise it. Access to improved sanitation is over 30 percentage points higher in urban areas than rural ones. Some 18 million people lack access to improved water sources, and 37 million people do not have water within their premises. More than 68 per cent of households drink water unfit for human consumption due to bacterial contamination (2005-06 data). Key bottlenecks include the perception that water is a free and infinite resource, and the low availability of water and soap for handwashing at critical times, both of which are highly correlated with poverty. At the institutional level, more accountability is required for the inefficient use of water and for operation and maintenance.[11]

12. Only two in three primary schools have access to drinking water and/or functional latrines.[12] Most schools are insufficiently equipped with menstrual hygiene management facilities and do not offer information on menstrual hygiene for adolescent girls, affecting

[7] PDHS, 2012-13 and multiple indicator cluster (MICS) surveys 2014. About 2.7 million children each year are deprived of at least one vaccine.
[8] For updated polio situation, please see www.eoc.gov.
[9] National Nutrition Survey (NNS) 2011.
[10] Joint Monitoring Programme Report 2015. UNICEF and WHO. From 49 per cent (1990) to 13 per cent (2015).
[11] PSLM 2014-2015.
[12] Pakistan Education Statistics 2015.

their retention after puberty. No data is available on functional WASH systems in health facilities.

13. In education, the number of out-of-school children is decreasing and retention rates are improving. However, 22.6 million children aged 5 to 16 years[13] (12.1 million girls; 10.5 million boys) are out of school.[14] Disparities based on gender, geographic location, ethnicity and socioeconomic status are significant (65 per cent of Sindh's poorest rural children never attended school; 78 per cent of girls in Balochistan are out of school).[15]

14. Preschool enrolment among children aged 3 to 5 years is 39 percent, illustrating this group's limited school readiness, which is frequently the result of multiple factors, including malnutrition and the lack of early stimulation.[16] Pre-primary education is not yet an official "class," and the 3 to 4 year age group falls outside article 25A.

15. The supply of schools at the pre-primary and secondary levels is low (i.e., only 19 per cent of government schools serve middle and high-school students)[17] and, when available, often lack safe, appropriate infrastructure, particularly in emergency situations.

16. Pakistan has invested in expanding public education and budgets. Despite this, only 2.8 per cent of GDP is spent on education — far from the commitment made of 4 per cent by 2018. The limited enforcement of policy commitments and challenges in equitable implementation impede reaching those most in need.

17. Several Sustainable Development Goal targets relate to the UNICEF child-protection mandate, including violence against children, child marriage, child labour, and legal identity. Currently, the births of 34 per cent of children under 5 years are registered,[18] with rural rates significantly lower than urban rates (23 versus 59 per cent), leaving almost 60 million children under the age of 18 years unable to prove their existence legally. Causes include the high cost and time required for registration, bureaucratic hurdles and a lack of knowledge about procedures. Encouragingly, registration rates for newborns have improved significantly with the use of mobile phones. Limited statistics at national level are available on violence against children (VAC); further data collection and analysis on VAC is needed, including gender-based violence, psychological aggression, physical punishment or violent behaviour as discipline. Legal and policy frameworks are being developed, although challenges remain with regard to effective implementation.

18. The national and provincial capacity to respond to natural and man-made disasters has improved. However, Pakistan requires a greater focus on child-centred risk-informed planning and policies that target the specific vulnerabilities facing children and their families, with stronger alignment between humanitarian and development programming.

19. The recent commitment of the federal and some provincial Governments to prioritize ECD offers an excellent opportunity to address several inter-related deprivations affecting children.

---

[13] Figures include children who have never gone to school, who have dropped out, and who will enter late and are at higher risk of dropout.
[14] Pakistan Education Statistics 2015.
[15] MICS 2014 and UNICEF Pakistan OOSC study, 2013.
[16] Pakistan Economic Survey 2014-2015.
[17] Pakistan Education Statistics 2015-2016.
[18] PDHS 2012-2013.

20. Key lessons from the past country programme have highlighted the need for a greater focus on effectiveness and sustainability: (a) pilots and projects need to be properly assessed to determine the feasibility of upscaling, leveraging and upstream influence to address inequities; (b) collaboration proved to be even more effective that sectoral interventions in achieving results; (c) behavioural change initiatives take time, but are critical to effect real change; and (d) interventions require accurate and timely disaggregated data, including baselines, to assess progress. The strategic approaches of the new country programme take these lessons into account.

Programme priorities and partnerships

21. The goal of the country programme 2018-2022 is to enable girls and boys, including adolescents to benefit from effective child-focused policies, services and clear accountabilities. The country programme will prioritize:

(a) Evidence-based advocacy to influence legislation, policies and system-strengthening for child-focused planning, budgeting, multisectoral approaches, delivery and monitoring to address disparities;

(b) Gradually moving from a project to programme approach for at-scale results that leverage resources across many sectors and partners;

(c) A continuum and balance between development and humanitarian work, in line with existing national DRR and emergency response capacities;

(d) Strengthened partnerships with Government, registered non-governmental organizations (NGOs) and other sectors of society at all levels, the United Nations system and bilateral cooperation to strengthen Government ownership and accountability.

(e) An emphasis on more-innovative partnerships with the private sector for results.

22. The above-mentioned strategies will constitute the core delivery framework of the country programme components, which will be adapted to the particular context of each province and the burden of deprivations.

23. In coordination with federal and provincial Governments, UNICEF will work at different levels and sectors to implement policy initiatives for children. The organization will advocate for equity in social spending, while demonstrating cost-effective options to sustain and improve children's access to quality services. The focus will be on districts with the greatest disparities and worst child-development indicators in rural and urban settings.

24. These priority results are aligned with and contribute to Vision 2025, the Sustainable Development Goals, the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, the draft UNICEF Strategic Plan, 2018-2021 and the United Nations Sustainable Development Framework (UNSDF) 2018-2022.

25. The country programme includes the following programme components: (a) neonatal and child survival; (b) nutritional status of girls and boys; (c) children in school and learning; (d) children are protected from violence, neglect and exploitation; and (e) safely managed water and sanitation services.

26. The country programme will take a multisector strategic approach on ECD. Additionally, equity and social policy, gender, communication for development (C4D), and

DRR will each be mainstreamed to enhance results by working to (a) formulate and implement child-friendly and gender-sensitive laws, policies, plans and budgets; (b) improve social services in provinces according to their differing context and capacities; (c) improve the availability and use of disaggregated data and monitoring mechanisms; (d) increase behavioural change on child care in communities and families; and (e) increase the capacity of government departments and disaster management authorities to address humanitarian crisis, build resilience and strengthen systems.

Every child survives and thrives

27. The aim of the health programme component is that, by 2022, the most at-risk newborns and children benefit from integrated newborn and child health interventions and healthy behaviours. The programme will work closely with nutrition, and WASH programmes and will be, aligned with the National Health Vision 2016-2025. It will address two deprivations: (a) poor access to quality immunization services; and (b) poor access to safe deliveries for newborns and the high maternal mortality rate.

28. The component will prioritize: (a) the poorly performing polio tier 1 districts, urban slums and union councils, targeting 800,000 children under the age of one year through the use of polio infrastructure; and (b) using immunization as the platform to deliver an integrated package encompassing immunization, neonatal services and pneumonia, diarrhoea and HIV prevention. To reach all children, immunization programming will shift the paradigm from "covered children" towards "continuously missed children," including often-inaccessible urban slums. Priority will be given to supporting female frontline workers to reach these children.

29. Based on the national emergency action plans implemented by the Emergency Operations Centres, UNICEF will systematically strengthen operations, risk management, oversight and accountability to significantly reduce missed children and missed virus transmission. The goal is to achieve and sustain zero cases, leading to the interruption of virus transmission and to the certification of Pakistan as a polio-free country. UNICEF community-based vaccinators in the core reservoir zones will support the strengthening of immunization and health-care systems.

30. The programme will target care in health facilities and at home, reaping a triple return: (a) the improved survival of women during delivery; (b) the prevention of stillbirths; and (c) neonatal survival. Effective interventions, enhanced accountabilities, and attention to quality of care among health-care providers, managers, communities and households will be promoted. Priority will be given to high-impact health-care practices and to working with "Lady Health Workers", the private sector and civil society to influence positive behaviours among parents and other caregivers, while creating demand for skilled care. The programme component will strengthen the capacity for planning, monitoring and quality assurance, co-create evidence and advocate for increased and sustained budgets for maternal and newborn care and immunization.

31. The goal of the nutrition component is that, by 2022, the most vulnerable boys and girls as well as pregnant and breastfeeding women through the improved utilization of services and improved practices show a measurable reduction in stunting and wasting. The programme will be focused on: (a) improving the implementation, monitoring and evaluation of multisectoral nutrition strategies, budgets and plans; (b) advocating for and supporting national mechanisms (e.g., SUN and the Sustainable Development Goals at all levels); (c) contributing to addressing legislation gaps and strengthening the formulation of

comprehensive legal frameworks on breastfeeding and the fortification of staples, including salt and wheat; (d) supporting improved nutrition practices by mothers, especially during the child's first 1,000 days of life; (e) continued support to the Government in expanding treatment and prevention services; (f) assistance to improving information systems, including disaggregated data and the management of essential nutrition supplies for children; and (g) strong links between health programming, WASH and C4D on behaviour change to reduce stunting.

Every child learns

32. The programme component envisions that, by 2022, more children, particularly girls and those from groups left behind, benefit from equitable and appropriate ECD and basic education services.[19]

33. At systems levels, the component will contribute to a greater focus on equity in provincial and district sector planning and budgeting; strengthening data and assessment systems; and evidence-based policy advocacy. .

34. To address education supply-and-demand issues, the component will focus on strengthening the institutional capacity to (a) deliver quality and scalable early-learning models to improve school readiness; (b) expand equitable, quality alternative learning programmes at the basic education levels for out-of-school children and adolescents, particularly girls; and (c) improve public communication efforts and school-community linkages through C4D strategies to increase on-time enrolment, reduce dropout and ensure completion and transition in under-performing schools. UNICEF will work with a variety of partners to drive a quality learning agenda that leaves no child behind.

Every child is protected from violence and exploitation

35. The protection programme focuses on (a) the right of the child to protection from violence and exploitation, and (b) birth registration. On violence, the aim is that, by 2022, girls' and boys' access child protection preventive and/or response services primarily through public case management and referral systems in at least two provinces of Pakistan, and communities practice positive behaviours contributing towards a protective environment for children. Cross-sectoral work will engage education, health and nutrition programmes.

36. The component is focused on strengthening child-protection systems and building the capacity of families, communities and Government to promote the right of the child to protection. This approach encompasses (a) advocacy for costed evidence-based laws and policies; (b) preventing abuse; and (c) ensuring that the best interests of the child are considered when violations occur and remedial responses sought. An effective provincial case-management and referral system will bring together appropriate government agencies, civil society and the private sector, encompassing regulation and the monitoring of child-protection standards at all levels. Families will have access to adequate support and redress mechanisms, delivered in a child-friendly context with quality standards, by the Government or relevant social service agencies.

[19] In accordance with international standards, basic education comprises primary education (first stage of basic education) and lower secondary education (second stage).

37. In birth registration, the goal is that, by 2022, 65 per cent of girls and boys under the age of 5 years will be registered, with universal birth registration achieved and embedded within a civil registration and vital statistics system in at least two provinces. UNICEF will support the implementation of a regional action framework to achieve that goal,[20] including the development of a comprehensive national strategy.

38. Approaches will include systems-strengthening that addresses supply-side barriers (capacity and technology enhancement) and demand-side barriers (increased awareness). UNICEF will build upon the experience of innovative public-private partnerships to assist provincial Governments to implement tailored, equity-sensitive birth registration strategies, especially in the lowest-performing districts.

Every child lives in a safe and clean environment

39. The aim of the WASH component is that, by 2022, more people in Pakistan including women and children and the most-deprived, stop practising open defecation and can access and use safely managed water and sanitation services.

40. UNICEF will focus on (a) eradicating open defecation by improving access to basic sanitation; (b) increasing access to safe water, with special attention to improved drinking-water quality; and (c) improving WASH services in institutions. The programme will also address WASH in emergencies as well as in DRR. UNICEF will increasingly work in partnership with relevant provincial government departments, other United Nations agencies and civil society to ensure sustainability.

41. Interventions include (a) strengthening the enabling environment to replicate or scale up the Pakistan Approach to Total Sanitation; (b) increasing engagement in urban slums, including the promotion of child-responsive actions; (c) addressing sustainability challenges, such as the reverting of communities to open defecation; (d) integrating water safety and security; (e) continuing support for strengthened provincial planning and budgeting; and (f) directly implementing convergent activities with education, nutrition, and health to reach the most in-need..

42. The WASH programme will increase upstream engagement (evidence co-production, advocacy and resource leveraging of Government and partners, including the private sector, CSOs and provincial Governments) to lead large-scale implementation by building institutional capacity and sector reform. Building upon evidence and lessons from the Pakistan Approach to Total Sanitation, key strategies will include mainstreaming equity, gender and disabilities. UNICEF will advocate in particular for WASH facilities that ensure that adolescent girls can manage menstruation with dignity. Children, families and communities will also be empowered to adopt and sustain positive social norms.

[20] Pursuant to Economic and Social Commission for Asia and the Pacific resolution 69/15, countries in the Asia-Pacific region agreed in 2015 that further regional action be taken to support the improvement of such systems by 2024.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Neonatal and child survival	36 156	270 941	307 097
Nutritional status of girls and boys	19 746	45 385	65 131
Children in school and learning	24 954	47 744	72 698
Children are protected from violence, exploitation and neglect	28 081	6 825	34 906
Safely managed water and sanitation services	25 103	52 746	77 849
Programme effectiveness	22 230	20 089	42 319
Total	**156 270**	**443 730**	**600 000**

[a] Includes funding of $231 million for polio eradication.

Programme and risk management

43. This CPD outlines contributions by UNICEF to national development priorities for children and is the primary mechanism of accountability to the Executive Board for results alignment and the assignment of resources. Results will be reviewed at annual meetings with the Government and key partners and course correction will be based on lessons learned.

44. The programme and risk management strategy will (a) identify key inhibiting factors and their impact on children and service-delivery systems; (b) establish well-resourced and cross-sectoral approaches involving programme staff and communications; (c) strengthen the capacity of provincial Governments and partners; (d) mobilize and leverage resources to achieve results; (e) assess programme delivery approaches to further increase the cost-effectiveness of activities, safety and security, efficiency and value for money; and (f) implement plans based on audit recommendations and adopt risk-informed programming to strengthen sustainability and cost effectiveness.

Monitoring and evaluation

45. The results and resources framework is the basis for monitoring and evaluation. The yearly plan, the implementation and review of research, impact monitoring and evaluation and the costed evaluation plan will promote strengthening of accountabilities for results. This will be achieved by measuring performance through rigorous programmatic monitoring, annual reviews, situation assessments, such as multiple indicator cluster surveys, programmatic and country-led evaluations and strategic research. Biannual review meetings will take place with the Economic Affairs Division to follow up in implementation and results. Systems- strengthening through building and supporting national capacities on monitoring and evaluation for the Sustainable Development Goals, and joint work with United Nations agencies will ensure the generation and utilization of evidence through timely programme adjustments and planning based on formative and

summative research and evaluations. UNICEF will contribute to strengthening partner capacity to generate and use equity-focused data, including to measure progress.

Annex

Results and resources framework

Pakistan – UNICEF country programme of cooperation, 2018-2022

Convention on the Rights of the Child: Concluding observations for Pakistan (July 2016) **National priorities:** Vision 2025, Sustainable Development Goals 1-6 and 16
United Nations Development Assistance Framework (UNDAF) outcomes involving UNICEF: 3: By 2022, the people of Pakistan, especially the most vulnerable and marginalized, have access to and benefit from improved universal health coverage, including sexual and reproductive health care and equitable water, sanitation and hygiene (WASH) services; **4**: By 2022, children, adolescent girls and pregnant and lactating women have improved dietary intake and feeding and care practices, resulting in improved nutritional status, reducing stunting and other forms of undernutrition; **6**: By 2022, the resilience of the people of Pakistan, especially the most vulnerable populations, is increased by addressing and mitigating natural and human-induced disasters, including climate-change mitigation and adaptation measures and the sustainable management of cultural and natural resources; **7**: By 2022, children and youth have enhanced, equitable and inclusive access to and benefit from quality learning opportunities; **8**: By 2022, government institutions have increased accountability towards gender-equality commitments and social, economic, cultural and political rights; **9**: By 2022, the people of Pakistan, especially the most vulnerable and marginalized, have increased knowledge of their rights and improved access to more accountable, transparent and effective governance mechanisms and rule-of-law institutions Note: This results framework will be incorporated into Joint Annual Work Plans in consonance with the new legal framework of the United Nations Sustainable Development Framework/UNDAF Framework 2018-2022 **Outcome indicators measuring change that includes UNICEF contribution:** 3.1 Coverage of essential health services; 3.2 Under-5 mortality rate; 3.5 Proportion of population using safely managed drinking water services; 3.6 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water; 4.1 Prevalence of stunting among children under 5 years of age (Sustainable Development Goal 2.2.1); 4.2 Prevalence of malnutrition among children under 5 years of age, by type (Goal 2.2.2); 6.1 Proportion of local governments that adopt and implement local disaster-risk-reduction (DRR) strategies in line with the Sendai Framework for Disaster Risk Reduction 2015-2030 (Goal 11.b.1); 7.1 Net enrolment rate in education (primary, lower secondary, secondary); 7.2 Proportion of children and young people at the end of primary and at the end of lower secondary achieving at least a minimum proficiency level in reading and mathematics, by sex (Goal 4.1.1); 7.3 Participation rate of youth and adults in formal and non-formal education and training in the previous 12 months, by sex (Goal 4.3.1); 8.1 Proportion of women and girls aged 15 years and older subjected to physical, sexual or psychological violence (Goal 5.2.1); 9.1 Government effectiveness and rule of law as measured by the World Bank's Worldwide Governance Indicators; 9.2 In-depth analysis of population census and household surveys available for informed evidence-based planning, budgeting and monitoring; and 100 per cent birth registration and 80 per cent death registration achieved (Goal 17.19.2)
UNICEF Strategic Plan, 2018-2021 Goals Areas 1, 2, 3 and 4

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1 By 2022, the most at-risk newborns and children are benefiting from integrated newborn, child health interventions and healthy behaviours.	Percentage of fully immunized children B: 54% (3.7million) T: 80% (6 m) Live births attended by skilled health personnel (doctor, nurse, midwife,or auxiliary midwife) B: 52% (3 m) T: 60% (5 m) Percentage of children <1 year receiving pentavalent vaccine B: TBD T: 80% (6 m) Children 0-59 months with symptoms of acute respiratory infection given antibiotics B: 42% (2 m) T: 80% (4 m) Newborns receiving postnatal care within two days of birth B: TBD T:60%	Pakistan Demographic and Health Survey (DHS) multiple indicator cluster survey (MICS), Expanded Programme on Immunization coverage survey, Pakistan Social and Living Standards Measurement (PSLM)	1: By 2022, federal, provincial and district-level health-sector policies, plans and budgets use solid evidence to strengthen integrated health interventions. 2: By 2022, children under 1 year in targeted districts and urban areas have access to integrated newborn and child-health interventions. 3: By 2022, demand for skilled care is increased and care-seeking behaviour is improved in targeted communities. 4: By 2022, appropriate and workable quality of care models for maternal, newborn and child health will be scaled up in target districts	Government of Pakistan, World Health Organization (WHO), United Nations Population Fund (UNFPA), Gavi, the Vaccine Alliance, civil society organizations (CSOs), Bill and Melinda Gates Foundation, World Bank	36 156	270 941	307 097
2 By 2022, the most vulnerable boys and girls, as well as pregnant and breastfeeding women, through improved utilization of services and improved practices show a measurable reduction in stunting and wasting.	Children 0-5 months who are exclusively breastfed B: 37.3% T: 56% Children (0-23 months) who were put to the breast within one hour of birth B: 40.5% T: 50% Children under five years of age who are stunted	National Nutrition Survey (NNS) 2022-23, PDHS	1: By 2022, stakeholders have increased capacity to deliver, monitor and evaluate multisector plans in all areas, with clear plans for sustainability in at least two provinces. 2: By 2022, the most vulnerable boys and girls, as well as their mothers, access essential nutrition services and are aware of good nutrition behaviours, with a focus	MoNHSRC, National Planning Commission, National Institute of Population Studies	19 746	45 385	65 131

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	(moderate and severe) B: 43.7% T: 39% Children under five years of age who are wasted (moderate and severe) B: 15.1% T: 10%		on the most critical in the first 1,000 days of life.				
3 By 2022, more children, particularly girls, benefit from equitable and appropriate early childhood education (ECE) and basic education services.	Gross enrolment ratio in pre-primary B: 74% (M: 79%, F: 69%) T: 84% (M: 85%, F: 81%) Average learning outcome results in core subjects (grade 4 scores) English reading B: Basic (494, B: 470, G: 515) T: Proficient (551– 650) English writing B: Below Basic (290, B: 290, G: 286) T: Basic (401–550) Science grade B: Basic (433, B: 424, G: 443) T: Proficient (551–650) Number of primary-school age out-of-school children B: 6 m (Boys: 2.5 m; Girls: 3.5 m) T: 3 m (Boys: 1 m; Girls: 2.5 m) Gender parity index for primary education completion	Pakistan Education Statistics 2014/15, National Educational Management Information System (MIS)	1: By 2022, national, provincial and district education departments and institutions are strengthened to develop evidence-based policies, plans and budgets for equitable ECE and basic education services. 2: By 2022, public duty-bearers have the capacity and systems to deliver quality, equitable and safe early learning and basic education services, including alternative learning pathways, to the most marginalized girls and boys, including for those affected by emergencies. 3: By 2022, families and communities actively support on-time enrolment, retention, completion and transition to post-primary, especially for girls.		24 954	47 744	72 698

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	rate B: National: 0.86 T: National: 0.91						

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
4 By 2022, 65 % of girls and boys under-5 are registered in Pakistan, with universal birth registration achieved and embedded within civil registration and vital statistics (CRVS) systems in two provinces, children access appropriate child protection preventive and/or response services, primarily through public case management and referral system in at least two provinces, and communities practice positive behaviours contributing towards a protective environment for children	Children under 5 years whose birth is registered B: 33.6% T: 65% national; Number of functioning public child-protection case-management and referral systems B: 0, does not exist T: At least two provinces	Provincial and national level civil registration and vital statistics system, PDHS, MICS Child Protection MIS	1: By 2022, birth registration is up scaled in at least two provinces. 2: By 2022, the Ministry of Planning, Development and Reform endorses a comprehensive multi-sectoral CRVS strategy with clear modalities for embedding provincial birth registration data into the national system. 3: By 2022, children without parental care are registered through an inclusive legislative and regulatory framework. 4: By 2022, key provincial and regional institutions contribute towards evidence-based policy formulation for the delivery of the multisectoral child protection mandate, specifically to address violence and exploitation within a coordinated public child-protection system. 5: By 2022, provincial Governments establish effective mechanisms to receive, monitor and investigate reports of cases of child abuse, including referral where necessary and when required. 6: By 2022, duty-bearers and rights-holders benefit from a strengthened protective environment for children that fosters conducive behaviours and practices, eventually contributing to positive social and cultural norms.	Provincial/local government departments, Telenor Pakistan	28 081	6 825	34 906

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
5 By 2022, more people in Pakistan, including women and children and the most deprived, stop practising open defecation and have access to and use safely managed water and sanitation services in rural and deprived urban areas.	Population proportion using a safely managed drinking water service at the community level B: Sustainable Development Goal baseline T: 30 million Population having improved sanitation facility B: Goal baseline T: 4 million Population percentage practising open defecation B: 13% T: 7.5%	Joint monitoring programme, PSLM, PDHS, MICS, Humanitarian Action for Children annual reports, evaluation reports	1: By 2022, national and provincial government mechanisms are strengthened to legislate, plan, coordinate and budget for gender- responsive and safely managed water and sanitation facilities in development and humanitarian situations. 2: By 2022, duty-bearers, including government sector departments, implementing partners and CSOs, have the capacity and systems to deliver equitable, gender-responsive safely managed water and sanitation services, including in schools and in early childhood development centres and health-care facilities, and in emergency situations. 3: By 2022, children, families and communities, including in schools, early childhood development centres and health-care facilities, are empowered to collectively adopt positive WASH practices and demand for better WASH services. .	Ministry of Climate Change, Public Health Engineering Department, Local governments, World Bank, Plan International, WaterAid, WHO, Registered NGOs, civil society	25 103	52 746	77 849
6 Country programmes are efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children	Staff with adequate skills to support CP implementation B: 80% T: 100% Results Based Management (RBM) rolled out in CO B: 2 workshops held in 2016;	Staff learning records, RBM workshop reports, human resources records, assurance reports, gender analysis C4D assessment,	UNICEF staff and partners are provided the guidance, tools and resources to: 1. Effectively design and manage programmes; 2. Effectively communicate child-		22 230	20 089	42 319

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	68 staff trained T: 4 workshops; 150 staff trained CO compliant with HACT procedures B: 89% T: 100% compliance Gender adequately addressed through mainstreaming and disaggregated data B: 25% T: 75% Programme interventions meet global C4D quality benchmarks B: Level 1 T: Level 3 Number of priority results areas using real time monitoring and reporting system in decision making B: 1 T: 3 Programs that have fully mainstreamed risk-informed approaches B: 50% T: 75%	mid-year and annual reviews	rights issues with stakeholders; 3: Effectively plan and monitor programmes; 4: Effectively advocate and partner on child-rights issues with stakeholders; 5: Develop and apply strategies to address cross-cutting issues related to child rights.				
Total resources					**156 270**	**443 730**	**600 000**

United Nations E/ICEF/2017/P/L.25

Economic and Social Council

Distr.: Limited
10 August 2017
English
Original: English/French/Spanish

For decision

United Nations Children's Fund
Executive Board
Second regular session 2017
12-15 September 2017
Item 8 (a) of the provisional agenda*

Country programme document

Sri Lanka

Summary

The country programme document (CPD) for Sri Lanka is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,735,000 from regular resources, subject to the availability of funds, and $52,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

17-13797X (E) 110817

Please recycle

Programme rationale

1. Within the United Nations Sustainable Development Framework (UNSDF) for Sri Lanka (2018-2022), the UNICEF country programme 2018-2022 will support the national implementation of the Sustainable Development Goals in Sri Lanka, the country's transformation from a post-conflict society to a stable democracy, and enable its social and economic aspirations to become an upper-middle-income – and even high-income – country.

2. Sri Lanka is currently a lower-middle-income country, with a per capita income of $3,924 in 2015. Following a 30-year civil war that ended in 2009, the economy grew at an average 6.4 per cent per year between 2010 and 2015, reflecting both a peace dividend and the relative success of reconstruction and growth initiatives.[1]

3. Sri Lanka has long been notable for its impressive human development indicators. In 2015, it ranked 73 out of 188 countries and territories, with its Human Development Index value at 0.757, putting the country in the "high human development" category.[2] A long tradition of investment in education, health and poverty-alleviation programmes is largely responsible for these positive development outcomes.

4. Sri Lanka achieved many of the Millennium Development Goals well ahead of the 2015 target, although recent data is required to ascertain whether these trends are being sustained. The country has achieved near universal primary education enrolment, which varies little by province or gender.[3] Nonetheless, Sri Lanka has a considerable unfinished agenda, which, if unaddressed, will hamper its future development aspirations and progress in achieving many of the Sustainable Development Goals.

5. Despite impressive economic growth, with a dramatic overall reduction in income poverty from 22.7 to 6.7 per cent between 2002 and 2012/13, inequality has increased and living standards remain low.[4] A large proportion of the population remains vulnerable to poverty, with a quarter of the population living just above the official poverty line of $1.50 per day, but below $2.50 per day. Out of 1.7 million children under 5 years of age and 6.2 million children under 18 years, 10.6 per cent and 11 per cent respectively, were either income poor and/or multi-dimensionally poor in 2012/13.[5] The districts of Mullaitivu, Mannar and Kilinochchi in the Northern Province, Batticaloa in the Eastern Province and Moneragala in Uva Province have the largest share of people living below the poverty line.[6]

6. Under-five mortality has declined, but inequities persist, and neonatal mortality remains a challenge. Data show a gradual reduction in neonatal, post-neonatal, infant, perinatal and under-five mortality rates between 2007 and 2013. Nevertheless, pockets of unnecessarily high levels of all under-five mortality are evident in some districts, primarily

[1] World Bank. *Sri Lanka: Ending Poverty and Promoting Shared Prosperity – A Systematic Country Diagnostic*. Washington, D.C., 2015.
[2] UNDP. Sri Lanka Briefing Note on the Human Development Report 2015: Work for Human Development. New York, 2015.
[3] Institute of Policy Studies (IPS). 2010. MDG country report: 2008/09. Colombo: Institute of Policy Studies of Sri Lanka.
[4] Ibid.
[5] Nanayakkara, W. (2015). Child Poverty: Who are the Poorest Children in Sri Lanka? Institute of Policy Studies of Sri Lanka (IPS.)
[6] Ibid.

in the northern, eastern and central regions of the country. Neonatal mortality accounts for close to 75 per cent of infant mortality.[7]

7. Malnutrition remains a major challenge, indicating the acute need for quality services. Rates of acute malnutrition (wasting) are exceptionally high, at 19.6 per cent, with the highest prevalence found in the east and north (e.g., Kilinochchi, 34 per cent). Undernutrition in pregnant women contributes to intergenerational undernutrition in children, presenting a persistent barrier to appropriate child development for some children and to sustainable development as a whole. An alarming 23 per cent of pregnant mothers recorded a low body mass index in 2013.[8]

8. Less than half of children aged 3 to 5 years are enrolled in an early childhood education centre, jeopardizing opportunities for optimal early childhood development, school readiness and, ultimately, the country's long-term, sustainable social and economic development. Given that preschool education is largely private and fee-based, significant disparities in access to early childhood education (ECE) services are evident. ECE enrolment among children aged 3 to 4 years in the richest quintile is 56 per cent compared with 39 per cent among the poorest quintile. There are also significant disparities in ECE enrolment, with 59 per cent of children in urban settings enrolled in ECE compared with 48 per cent and 50 per cent in rural areas and the estate sector, respectively.

9. Other key challenges include (a) inequitable access to key preventive and curative health and nutrition services, including for mental health and adolescent sexual and reproductive health; (b) emerging concerns related to increasing levels of non-communicable diseases and overweight/obesity; and (c) a continuing high level of violence and abuse perpetrated against women and children.

10. Large disparities remain across Sri Lanka in learning achievement, suggesting that not all children benefit from equitable access to quality education. Sample-based learning outcome assessments conducted regularly by the National Education Research and Evaluation Centre for grades 4 and 8 since 2007 show large disparities in learning outcomes in languages, subjects and geographic locations. The literacy rate has improved since 2007, and is now at 97.8 per cent among people aged 15 to 24 years, with female literacy slightly higher (98.2 per cent) than male (97.2 per cent). Lower levels of achievement on grade-5 exams and lower levels of literacy frequently correlate with poverty and other child rights deprivations, and are most observable in the estate sector, and in the Northern and Eastern provinces.[9]

11. Among children with disabilities aged 5 to 14 years, more than one in three has cognitive disabilities.[10] Despite near-universal primary school enrolment rates, nearly one in four children with disabilities aged 5 to 14 years is still excluded from education and their educational attrition rates remain high.[11]

12. Ensuring a protective, caring and safe environment for children remains one of the key challenges for Sri Lanka. According to government reports, violence against children is

[7] 2013 Ministry of Health and Indigenous Medicine – Family Health Bureau.
[8] Ibid.
[9] 2012/13 HIES.
[10] Institute of Policy Studies. Barriers and Opportunities in the Provision of Education for Children with Learning Disabilities in Sri Lanka. Colombo, 2014.
[11] Ibid.

on the rise, with 2,068 cases reported in 2014 and over 12,000 cases in 2015, an increase partly due to increased reporting. Corporal punishment, while illegal, is practised in schools and accepted by parents. While more than 14,500 children live in long-term state residential institutions, it is estimated that an additional 20,000 children live in unregulated private and religious orphanages or boarding houses. The country's child-protection system lacks the necessary framework, capacity and resources to prevent the abuse, neglect and exploitation of children and to provide timely responses.[12]

13. Sri Lanka is categorized as a high human development country and obtained a gender inequality index ranking of 72 out of 188 countries, which is high compared with other countries in the region. However, even though gender parity has been achieved in most social indicators for children, including in the health and education sectors, disparities emerge during adolescence and adulthood.

14. Given the current demographic shift, the country has to increase the level of public spending in social sectors related to children and adolescents, in order to maintain strong gains in human development. Between 2006 and 2013, government spending on education declined from 2.7 per cent to 1.8 per cent of gross domestic product (GDP). Over the same period, spending on health declined from 2 per cent to 1.4 per cent of GDP, and on social welfare from roughly 4.2 per cent to 2.2 per cent. Current levels of expenditure on health, education and social welfare are considered low relative to other middle-income countries in the region. In addition, there are questions about the absorptive capacity of the respective line ministries.

15. Sri Lanka witnessed natural disasters over the past few decades that caused human, physical, financial and environmental losses and made substantial impacts on the national economy. Children bear the brunt of climate change indiscriminately and its adverse impact. In a region with existing vulnerabilities, including poverty, malnutrition, inequality and exclusion, this impact is magnified. Further, repeated cycles of natural shocks and disasters exacerbate the existing vulnerabilities and have a devastating impact on the well-being, physical security and development of children.

16. As the population ages and the birth rate slows, there is growing recognition of the importance of investing in the approximately 3.3 million adolescents (16 per cent of the total population).[13] Transitioning to a dynamic knowledge-based economy requires that children and adolescents develop new skills adapted to the highly connected digital age and that investments are made in human capital. In addition to being a target group, adolescents in Sri Lanka must be actively involved as agents of change at the family, community and national levels.

17. Lessons learned from the previous UNICEF country programme, confirmed by the midterm review and consultations with partners, highlighted the need to invest in an integrated, child-centred approach that maximizes synergies and results for the most disadvantaged. Given the two windows of rapid brain development and value formation, there is a unique opportunity to invest in addressing vulnerabilities during early childhood and adolescence to achieve lifelong improvements in cognitive capital. Cognitive capital is defined as the complete set of intellectual, socioemotional and executive-function skills that

[12] UNICEF Sri Lanka. Child Protection Systems Mapping Report (draft). Colombo, 2016.
[13] UNICEF. The State of the World's Children. 2016.

enable creativity, flexibility and the ability to work collaboratively.[14] Additionally, given the imperative for programme effectiveness, efficiency, coherence and accountability for results, the country programme must be grounded in results-based management, with a clear articulation of demonstrable results for children and adolescents, especially the most deprived.

18. As part of the process of implementing the 2030 Agenda for Sustainable Development, the Government of Sri Lanka has indicated its strong recognition of the role of data and knowledge in monitoring progress. Sri Lanka has also acknowledged the need for greater investment in better analysis and disaggregated data at the subnational and national levels to drive policy and budgetary decisions that leave no child behind.

Programme priorities and partnerships

19. The new country programme 2018-2022 is consistent with and contributes to the United Nations Sustainable Development Framework (UNSDF) and reflects global, national, provincial and United Nations priorities. It is aligned with the Public Investment Programme, which reflects the socioeconomic vision of the Government of Sri Lanka for 2017-2020; the Peacebuilding Priority Plan, which supports the Government to implement its reconciliation and accountability/transitional justice commitments to its people; and the applicable national and provincial, district and municipal plans, sector plans and the national plan of action for children. The country programme will also assist the Government of Sri Lanka to follow up on and implement the conclusions and recommendations of the Committee on the Rights of the Child.

20. The overall vision of the country programme is to contribute to national efforts to accelerate the realization of child rights for all children in Sri Lanka, while promoting strategic investments in children and adolescents to enhance the cognitive capital of Sri Lanka as the basis for sustainable development.

21. The outcomes address gaps in the enabling environment, including social norms, the quality of services and the demand for services pertaining to the full development of the child. They have been formulated following a child-centred approach:

(a) Newborns/infants and their mothers, and young children (prenatal, birth and 0-5 years): children under 5 years in targeted areas have improved access to quality care, protection and development opportunities in their home, care and preschool environments;

(b) Children in middle childhood (5-9 years): girls and boys of primary-school age realize their rights to good health and to appropriate cognitive and physical development supported by appropriate care, development and learning services;

(c) Adolescents (10-19 years): adolescents receive quality education, have access to adolescent-sensitive and protective services and reliable information; essential interventions to empower them to make informed decisions about their lives, realize their full potential for social and economic participation and maximize over time their contribution to sustainable development.

[14] Noble DJ, Blight S, Fajth G, et al. *Cognitive capital for children in Asia and Pacific*. BMJ Global Health 2016; 1(Supp2). http://gh.bmj.com/content/bmjgh/1/Suppl_2/i1.full.pdf.

These interrelated programme outcomes will be supported by an overarching outcome: social policy and child rights monitoring focused on advocating for children's rights, increasing evidence in support of investments in children, strengthening social protection and enhancing the capacity of national and decentralized structures to advance the realization of children's rights and its awareness.

22. UNICEF will support national capacity-enhancement in resilient social services as Sri Lanka begins its transition to upper-middle-income status. While the country continues to face inequalities in development outcomes and/or humanitarian challenges, UNICEF will support the Government to integrate cross-sectoral child-centred risk-reduction strategies into policies and programmes.

23. The programming incorporates actions to support the Government to enhance social protection and to better integrate conflict sensitivity and peacebuilding into development and humanitarian policy and programmes. As part of the reconciliation and resettlement programme, internally displaced and returned refugee children and families, particularly those who may lack personal identification documents or national IDs are included in vulnerability assessments and eligibility criteria for services. A gender lens has been applied throughout the programme, with a special focus on gender-based violence and identifying and addressing the bottlenecks in achieving gender equality in both regular and emergency settings, in line with the draft UNICEF Gender Action Plan, 2018-2021. The programme prioritizes support to monitoring systems to ensure the systematic collection and use of disaggregated data and analysis, with an emphasis on the most vulnerable children.

24. The prioritization of specific geographical locations is based on evidence and analysis that identify disparities in progress against child development indicators, particularly in the high burden focus areas of: the Northern and Eastern provinces, the estate sector and children at particular risk due to displacement and other humanitarian situations. These factors vary between programme components and a differentiated approach is adopted.

25. The country programme is implemented through five interrelated outcomes and aligns with the draft UNICEF Strategic Plan, 2018-2021 and the UNSDF for Sri Lanka 2018-2022. Consistent with the Strategic Plan, 2018-2021, strategic emphasis will be given to the following intervention strategies across all programme components: (a) strengthening systems to improve the delivery of essential services to the most disadvantaged children and promoting demand for services and social norms ; (b) leveraging resources for children, including by influencing the domestic planning, financing and delivery of services for children; and (c) supporting children and adolescents as agents of change. This mix of strategies is aimed at ensuring a balance between upstream and downstream work against the background of the transition of Sri Lanka towards upper-middle-income status. It also reflects a lesson learned from past cooperation on the need to strengthen policy and advocacy to foster government ownership and sustainability, while maintaining a presence in service delivery and demand generation.

Programme component 1. Early childhood

26. The programme component addresses the unfinished agenda of Millennium Development Goals 1, 4 and 5 and the corresponding Sustainable Development Goals, national and UNICEF Strategic Plan priorities by: (a) reducing neonatal mortality and morbidity; (b) addressing childhood undernutrition; (c) increasing access to comprehensive, quality early learning, care and development services; (d) improving coordinated and

centralized child-protection services to identify, record and refer child-abuse cases to relevant care services; and (e) supporting efforts to create and sustain timely national action on the early identification of disabilities and providing intervention services.

27. The priority strategies and results are the following:

(a) Support systems-strengthening to improve the quality of intrapartum care and special newborn care to prevent or reduce preterm birth, still births, asphyxia deaths and long-term morbidity according to the Every Newborn Action Plan. Interventions include: promoting the mainstreaming of the practices of the Early Childhood Care and Development Programme, using the 1,000-day approach to good nutrition during pregnancy; early detection; increasing interventions covering children with disabilities; early stimulation of children below the age of two years for cognitive development; tackling malnutrition, including micronutrient supplementation; and family and community support. The prevention of mother-to-child transmission interventions also ensure high coverage for the testing and treatment of pregnant women and that the validation of the elimination of HIV and congenital syphilis nationally is achieved. Additionally, UNICEF advocates for child-friendly and safely managed water and sanitation, including for hygiene at both the institutional and household levels through the improvement of the public health care system and preschools;

(b) Contribute to further strengthening the national child-protection system to ensure holistic and comprehensive services to prevent and respond to abuse, neglect and violence against young children. Interventions include: support the modelling of central child-protection mechanisms to identify, record, report, refer and monitor cases of children at risk of or victims of abuse; build the capacity of actors, improving functions and resources of the child-protection system in target districts; support the development and implementation of the national alternative care policy; mitigate the unnecessary institutionalization of young children, including children with disabilities; develop and model community services for children separated from families or at risk of separation; and advocate for the reform of the existing system of long-term residential care through partnerships and advocacy on deinstitutionalization;

(c) Support national and subnational government authorities to provide comprehensive and appropriate early learning and school readiness services. Interventions include: strengthening the capacity of parents, caregivers and preschool teachers to provide a nurturing, safe, and positive emotional environment; identifying gaps in preschool curricula and learning materials according to global Early Childhood Care and Development Programme standards and develop and pilot new guidelines and materials, including supplementary learning materials for children with disabilities, in the targeted districts; and advocating for an increase in public investments in early childhood development, which continue to be low.

Programme component 2. Middle childhood

28. The programme component is aimed at ensuring that children aged 5 to 9 years, especially the most deprived, benefit from healthy, nurturing, protective environments and live free from violence. This is critically underpinned by ensuring access to equitable and appropriate care, development and learning services.

29. The priority strategies and results are the following:

(a) Support the Government to leverage efforts to strengthen service-delivery systems to provide quality healthcare, water, sanitation and hygiene (WASH) and nutrition interventions for children aged 5 to 9 years. Key interventions include: increasing skilled human resources in school; strengthening institutional care settings; and increasing the capacity to address WASH, nutrition and health issues. This needs to be strongly backed up with clear guidance and technical advisory support and an accountable governance system at the national and provincial levels. Additionally, a safe environment must be ensured for children to participate and contribute ideas for inclusive development;

(b) Support holistic and child-centred learning and development in primary schools. UNICEF will work with education stakeholders in developing and applying policies, strategies and budgets that are equity-focused and evidence-grounded in areas such as quality of teaching and learning, gender, language in education, and sexuality and life-skills education. The results will be improved learning outcomes and increased skills development for all children;

(c) Accelerate national action to address violence against and the abuse of children. Interventions will include support the establishment of a national coalition of broad-based stakeholders to generate greater awareness about violence against children and its impact on children and communities; building resilience among children to prevent abuse and violence; and improving the skills, knowledge, attitudes and behaviour of parents and community members and generating demand for services.

Programme component 3. Adolescence

30. The programme component is aimed at ensuring that adolescents - especially the most deprived - use high-quality basic social services in a safe, supportive and protective environment and will be active agents of behavioural and social change. It will focus on keeping adolescents in school, improving their health and well-being, protecting them from harmful practices and increasing their resilience and participation and contribution to a more cohesive and peaceful society.

31. The priority strategies and results are the following:

(a) Leverage investments to improve access to adolescent-sensitive health services and psychological counselling in public health facilities; reproductive health and hygiene education in schools; non-formal education and vocational training; and life-skills education. Interventions will include modelling to scale up a comprehensive package of adolescent- and gender-sensitive social services to advocate for the investments needed to ensure the rights of adolescents in both development and humanitarian settings;

(b) Contribute to efforts to revise the national legislative and policy framework; advocate for increased investment in the justice system to improve the capacity for timely, quality and effective services for children and adolescents; and work with all stakeholders to improve equitable access to justice for children;

(c) Strengthen efforts to integrate peacebuilding and social cohesion in primary and secondary schools through further technical support for a new curriculum and support innovative extracurricular platforms, both traditional and digital. Emphasis will be on ensuring that adolescents lead, participate and reflect upon their own learning and have the requisite critical thinking skills and confidence to do so.

Programme component 4: Social policy and child-rights monitoring

32. The programme component is aimed at developing policies that address the structural causes of inequities to advance the realization and create awareness of adolescent and children's rights. It will focus on advocating for children's rights; increasing resources for investments in children; strengthening social protections; and enhancing the capacity of national and decentralized structures in order to advance the accountability for, and the sustainability of, realized children's rights.

33. The programme component is well aligned with all of the Sustainable Development Goals, and is specifically relevant to Goal 1, on poverty; Goal 5, on gender equality; Goal 10, on reducing inequalities; Goal 13, on climate action; Goal 16, on peace, justice and strong institutions; and Goal 17, on partnerships, as well as with the long-term global commitments of both the Government and UNICEF, other key national priorities and the forthcoming UNSDF.

34. The priority results and strategies are the following:

(a) Contribute to developing and strengthening a national child-rights monitoring system, which operates across sectoral ministries, at both the national and subnational levels, and civil society; establishing an independent monitoring and accountability system; and monitoring the multidimensional poverty focused on children;

(b) Strengthen the capacity of the Government to develop, manage and use monitoring and evaluation systems in addressing the situation of children, especially aged 0 to 5 years and adolescents;

(c) Enhance the Government's abilities to systematically provide inclusive and integrated social programmes and protection, by building the capacity of ministries to effectively design, implement and monitor existing cash-transfer schemes to cover all children;

(d) Improve evidence, capacity and systems for equity-sensitive planning, budgeting and evaluating by bolstering strategic partnerships with civil society, including academia, for evidence-generation and policy advice. As disparities in and low levels of learning achievement have an impact on the transition rates of pupils from primary to secondary education, contribute to the monitoring of the transition rates.

Programme component 5: Programme effectiveness

35. The programme component ensures that the country programme is efficiently designed, monitored, managed and evaluated to meet quality standards in achieving demonstrable results for children. It includes cross-sectoral support to emergency preparedness and response; disaster risk reduction; advocacy, communications and partnerships; planning, monitoring and evaluation; and supply, logistics and other operational support. The component also facilitates the field presence of UNICEF, enhancing the effectiveness of programmes at the provincial and national levels and promoting engagement with local government and civil society organizations (CSOs).

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Early childhood	1 072	15 571	16 643
Middle childhood	411	10 617	11 028
Adolescence	411	13 596	14 007
Social policy and child-rights monitoring	1 323	6 677	8 000
Programme effectiveness	1 518	6 039	7 557
Total	**4 735**	**52 500**	**57 235**

Programme and risk management

36. The Ministry of Foreign Affairs and the Ministry of National Policies and Economic Affairs, the main coordinating bodies providing strategic direction for government cooperation with UNICEF, continue to be the overall counterpart for the country programme. Programme components and outcomes will be managed with relevant ministries, governmental agencies and coordinating bodies in collaboration with CSOs.

37. The main threats to country programme implementation include the pace of reform; uncertainties relating to social coherence and reconciliation; inequities that make children particularly vulnerable and leaves them behind; persistent institutional bottlenecks in the implementation of policies; and an increase in the intensity and frequency of natural disasters which exceed existing response and resilience capacities. As a mitigation strategy, UNICEF will prioritize institutional capacity-building, strengthen communication and evidence-based advocacy with all stakeholders, support the Government in risk-informed programming and regularly assess and monitor disaster risks. Programme implementation risks related to fund transfers and activity implementation will be monitored through regular updates of risk-management tools, performance reviews of office management practices and standards, and the implementation of the harmonized approach to cash transfers.

38. UNICEF will continue to monitor the effectiveness of governance and management systems, the stewardship of financial resources and management of human resources.

39. Bilateral and multilateral donors, global and country-level partnerships, international foundations, the private sector and UNICEF National Committees will be engaged with evidence to leverage resources.

40. This CPD outlines the UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at all levels with respect to country programmes are prescribed in the organization's policies and procedures.

Monitoring and evaluation

41. The results and resources framework is the basis for monitoring and evaluation. The Integrated Monitoring and Evaluation Plan, complemented by a costed evaluation plan, define priority monitoring, research and evaluation activities. Significant knowledge will be produced from planned evaluations including: (a) multilevel pedagogy; (b) early learning and school readiness; (c) violence against children; and (d) monitoring of the nutrition status of women and children.

42. UNICEF monitors results through the UNSDF, annual management plans, section work plans and internal and peer reviews with implementing partners to manage key strategic, programmatic results, operational and financial risks and to define risk-control and mitigation measures. Field visits and localized surveys using innovative approaches complement the review and information system data.

43. The strengthening of national and sub-national data systems, disaggregated to show inequities and gender differences, particularly in relation to monitoring of progress towards Sustainable Development Goal indicators, is a key element under the social policy and child-rights monitoring programme component.

44. In coordination with the Government, UNICEF will conduct both midterm and final country programme reviews and contributes to the midterm and final UNSDF reviews. An agile management approach facilitates real-time strategic shifts that keep pace with the evolving programme environment at the provincial, regional and national levels.

Annex

Results and resources framework

Government of Sri Lanka – UNICEF country programme of cooperation, 2018-2022

Convention on the Rights of the Child: (relevant articles) Outcome 1: 6 and 24; Outcome 2: 6 and 24; Outcome 3: 28 and 29; Outcome 4: 9, 19, 25 and 40; Outcome 5: 4, 7, 23 and 26
National priorities: Public Investment Programme 2017-2020, Peacebuilding Priority Plan 2016-2018

UNDAF outcomes involving UNICEF:
UNSDF Driver 1 - Towards improved data, knowledge management and evidence based policy; 2 - Strengthened, innovative public institutions and engagement toward a lasting peace; 3 - Human security and socio economic resilience; 4 - Enhancing resilience to climate change and disasters and strengthening environmental management.
Outcome indicators measuring change that includes UNICEF contribution: 1.2, 1.3, 2.4, 3.1, 3.2, 3.3, 4.1

Related draft UNICEF Strategic Plan, 2018-2021[1] outcome(s): Outcome 1: Goal Area 1 - Every child survives and thrives; Outcome 2: Goal Area 4 - Every child lives in a safe and clean environment; Outcome 3: Goal Area 2 - Every child learns; Outcome 4: Goal Area 3 - Every child is protected from violence and exploitation; Outcome 5: Goal Area 5 - Every child has an equitable chance in life

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
By 2022, children under 5 years in targeted areas benefit from improved access to quality health care, nutrition, protection and development opportunities in their home, care and preschool environments.	Neonatal mortality rate B: 6.2 per 1,000 live births T: 5.2 per 1,000 live births	Family Health Bureau/Report	1. By 2022, the health and nutrition service-delivery systems provide quality health care, WASH and nutrition interventions for pregnant women and children under 5 years from the most vulnerable families. 2. By 2022, a coordinated child-protection system, including an alternative care system, prevents and responds to violence against	Ministries of Health, Nutrition and Indigenous Medicine; Women and Child Affairs; City Planning and Water Supply; Education, National Nutrition Secretariat, provincial ministries/departments, professional organizations, academia and think	1 072	15 571	16 643
	Percentage of children under five years of age who are stunted (moderate and severe) B: 10.5% T: 8%	Family Health Bureau/Report					
	Number of children (0-5	Report of the					

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	years) living in residential care B: Approx. 14,500 children (2016) T: Approx. 11,600 (20% reduction)	Department of Probation and Child Care Services/Ministry of Women and Child Affairs	and the abuse and neglect of children in home, care and preschool environments. 3. By 2022, national and subnational government authorities enable comprehensive and developmentally appropriate early learning and school readiness.	tanks, national/international non-governmental organizations (NGOs), CSOs; private sector and United Nations agencies			
	Participation rate in organized learning one year before the official primary school age entrance B: 75% (4 years) T: 80%	Household Income and Expenditure Survey (HIES)					
By 2022, children (5-9 years) especially the most deprived, benefit from healthy, nurturing, protective environments and live free from violence.	Percentage of children (5-9 years) who are stunted (moderate and severe) (estimates are taken at 5 and 9 years only) B: 5 years: 7.9%; 9 years: 6.5% T: 5 years: 6.0%; 9 years: 5.5%	Family Health Bureau/Report	1. By 2022, health and nutrition service-delivery systems provide quality health care, WASH and nutrition interventions for children (5-9 years), especially the most deprived. 2. By 2022, children and families have the capacity to prevent violence and abuse in home and school settings. 3. By 2022, the education system provides holistic and child-centred learning and development in primary schools.	Ministries of Women and Child Affairs; Social Welfare; Justice; Education; Health; City Planning and Water Supply, National Nutrition Secretariat, provincial ministries/departments, professional organizations, academia and think tanks, national/international NGOs and CSOs, private sector and United Nations agencies	411	10 617	11 028
	Percentage of girls and boys (1-14 years) who have experienced violent disciplinary practices by an adult member of the household during the past month B: TBD (through a final knowledge, attitude and practice survey to be conducted in 2017) T: 25% increase (based on final KAP survey in 2021)	Baseline and KAP survey reports					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	Percentage of students obtained mark of 70 and above in the grade 5 scholarship examination in targeted provinces (disaggregated by sex) B: 2016 East: 62% North: 79.5% Uva: 83.4% Central: 73.1% T: 5% point increase in each province	Ministry of Education/Examinations Department					
By 2022, adolescents, especially the most deprived, live free from violence, have the capability to reach their full potential and contribute to a cohesive and resilient society.	Teenage pregnancy rate by age (10-14 years; 15-19 years) B: 4.9% T: 3.9%	Family Health Bureau/Report	1. By 2022, the health and nutrition service-delivery systems provide quality health care, nutrition and WASH interventions for adolescents, especially the most deprived. 2. By 2022, the justice for children mechanisms offer timely, quality and comprehensive justice services for all adolescents, including the most deprived. 3. The education system is strengthened to promote peace, reconciliation and resilience among adolescents.	Ministries of Women and Child Affairs; Health; Justice; Ministries of Law and Order; Education; Youth Affairs; Mass Media; Finance; National Policies and Economic Affairs; Social Integration and Reconciliation; and City Planning and Water Supply, Attorney General's Department, National Youth Services Council, Parliamentary Caucus for Children, Secretariat for Coordination of Reconciliation Mechanisms, provincial ministries/departments, professional	411	13 596	14 007
	Average time taken for legal trial related to children cases reduced to one year B: Current average time: more than five years T: Within one year	Reports of Attorney General Departments Reports of the National Child Protection Authority					
	Net enrolment rates in secondary education for children (15-16 years) B: National: 86% (HIES 2012/13) T: 90%	HIES					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
				organizations, academia and think tanks national/international NGOs and CSOs, private sector and United Nations agencies			
By 2022, children and adolescents in Sri Lanka, including the most deprived, have their human rights protected and benefit from an effective child-sensitive social-protection system.	Number of children covered by social-protection systems B: 2.9 million T: 3.045 million (5% increase)	Ministry of Social Empowerment and Welfare reports	1. National and subnational Government and civil society advance and monitor child rights for the most-deprived children Government monitoring and evaluation and information-management systems progressively generate and use evidence to address the situation of children in Sri Lanka. 2. Social-sector ministries and subnational governments have the capacity to develop and implement child-responsive budgets. 3. The Government has the capacity to provide efficient and effective social protection services to the most-deprived children	Ministries of Finance; National Policies and Economic Affairs; Health and Indigenous Medicine; City Planning and Water Supply; Education; Women and Child Affairs, Nutrition Secretariat, National Youth Services Council (NYSC), provincial ministries/departments, professional organizations, academia and think tanks, national/international NGOs and CSOs, private sector, World Bank and United Nations agencies	1 323	6 677	8 000
	Per capita social spending on basic services (education and health) B: 19,212 LKR/per capita T: 20,172 LKR/per capita (5% increase)	Central Bank report					
Country programme is effectively and efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Number of dimensions, in which the Sri Lanka country office is among the 20 top performers within the South Asia region (quality assurance; financial, people, and partnership management; programme performance)	Insight Scorecard	1. Programme coordination: UNICEF staff and partners are provided the guidance, tools and resources to effectively design and manage the country programme and its components. 2. External relations: UNICEF staff and partners are provided	ROSA, Sri Lanka country office staff, Department of Communication, Public Fundraising and Partnerships Division; Government and	1 518	6 039	7 557

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	B: 4/5 T: 5/5, yearly		the tools, guidance and resources for effective communication on child-rights issues with stakeholders. 3. Programme planning, coordination, monitoring and evaluation: UNICEF staff and partners are provided the guidance, tools and resources to effectively plan, monitor and evaluate programmes with a focus on the cross-cutting issues of gender equality, climate change/disaster risk reduction; disability; and conflict sensitivity. 4. Communication, advocacy and partnerships: UNICEF staff and partners are provided the tools, guidance and resources for effective communication on child-rights issues with stakeholders.	NGO partners			
Total resources					**4 735**	**52 500**	**57 235**

United Nations E/ICEF/2017/P/L.26

Economic and Social Council

Distr.: Limited
10 August 2017
English
Original: English/French/Spanish

For decision

United Nations Children's Fund
Executive Board
Second regular session 2017
12-15 September 2017
Item 8 (a) of the provisional agenda*

Country programme document

Burkina Faso

Summary

The country programme document (CPD) for Burkina Faso is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $50,560,000 from regular resources, subject to the availability of funds, and $50,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

17-13802X (E) 140817

Please recycle

Programme rationale

1. Burkina Faso has seen relatively stable macroeconomic development over the last decade, with an average annual growth rate of 6.5 per cent.[1] However, the country ranked 185th of 188 countries in the 2016 Human Development Index. In 2014, 40.1 per cent of the population lived in monetary poverty, with particularly high levels in rural areas (47.5 per cent compared with 13.6 per cent in urban areas).[2] Multidimensional child poverty is also high, with at least three out of five children deprived in three or more dimensions.

2. Following a series of popular uprisings and political transition periods, successful democratic elections were held in 2015. The new Government has set out its priorities in the National Plan for Social and Economic Development (*Plan National de Développement Economique et Social* (PNDES)) 2016-2020 which contributes to the Sustainable Development Goals. Although the overall situation of the country has been stable, persistent insecurity in the Sahelian belt is a concern which may amplify the refugee crisis in the north and negatively affect the rights of already vulnerable children. Threats by extremist violent groups expose children and adolescents, in the north of the country, to violations of their rights, including temporary closure of schools and health centres and the risk of being recruited into the armed groups.

3. Based on Security Council resolution 2282 (2016) and General Assembly resolution 20/162 of 27 April 2016, the United Nations is piloting a new approach to "sustaining peace" in Burkina Faso to prevent the country's relapse into crisis. This innovative strategy addresses the drivers of instability by specifically targeting political interventions and institutional strengthening in justice and rule of law, security sector reform and national reconciliation. The UNICEF niche lies in fostering child rights within enhanced community resilience, particularly through interventions in education, nutrition and water, hygiene and sanitation (WASH) in communities bordering Mali and Niger.

4. In 2016, the population was estimated at 19 million, with a growth rate of 3 per cent per year. The total fertility rate is 6.2 children born per women and the adolescent fertility rate is 115.4 live births per 1,000 women aged 15-19 years. The population is projected to increase to as much as 28 million by 2030, with 48 per cent under age 18 years.

5. A landlocked country in the Sudano-Sahelian region, Burkina Faso remains highly vulnerable to harmful effects of climate change, with frequent drought and flooding. These irregular climate events pose a threat to crop and livestock farming, aggravating food insecurity and malnutrition. Multiple vulnerabilities, coupled with limited investment in the social sectors, may erode community resilience, making women and children even more vulnerable.

6. Burkina Faso is ranked 144th of 155 countries on the Gender Inequality Index. The main challenges to progress in this area include: female illiteracy and low school enrolment among girls; social and cultural practices that negatively affect gender equality; and limited binding policies and measures against gender discrimination.

7. Between 2010 and 2015, the maternal mortality ratio decreased from 341 to 330 deaths per 100,000 live births and the under-five mortality rate from 129 to 82 deaths per

[1] National Institute of Statistics and Demography, 2014.
[2] *Ibid.*

1,000 live births.[3] The neonatal mortality rate, however, remains relatively high, at 27 deaths per 1,000 live births. In 2015, approximately 44 per cent of pregnant women who tested positive for HIV received antiretroviral therapy, while only 22 per cent of HIV-positive children had access to treatment. The residual rate of mother-to-child transmission (MTCT) of HIV is 8.2 per cent, higher than the target required for elimination of MTCT. The prevalence of HIV among adolescents aged 15-19 years stands at 1.3 per cent (compared to 1.9 per cent among adults), and 70 per cent of those infected are girls.

8. Chronic malnutrition affects 30.2 per cent of children under age 5 years.[4] At the current rate of reduction, the number of children with stunting will decrease by 300,000 between 2015 and 2025, far short of the Sustainable Development Goal 2.2 and World Health Assembly targets. Among newborns in 2016, 549,500 were not protected against iodine deficiency because of low household consumption of iodized salt. Anaemia affects 83.4 per cent of children under 5 years of age, 64.9 per cent of adolescent girls and 61.9 per cent of non-pregnant women of childbearing age. The main factors driving malnutrition are food insecurity, poor diet and childcare practices, poor access to health and sanitation services and limited women's empowerment.

9. Between 1990 and 2015, the percentage of the population with access to an improved water source increased from 44 to 82 per cent.[5] However, inequalities persist across regions and socioeconomic groups: 65 versus 93 per cent among the poorest and the richest groups, and 76 versus 97 per cent in rural and urban areas. Domestic water quality generally is not monitored, and evidence suggests that most households drink contaminated water, even when they have access to an improved water source. The open defecation rate stands at 75 per cent in rural areas. Many schools have no latrines, and those that exist are not properly maintained, a major challenge that fuels absenteeism, especially of girls during their menstrual periods.

10. The gross primary enrolment ratio increased from 80.2 to 83.6 per cent for boys and from 75 to 83.9 per cent for girls between 2011 and 2015.[6] Gender parity was attained at both primary and post-primary levels nationally but not at subnational level. Two in five children aged 6-11 years are not enrolled in school due to dropout (40 per cent), poverty, poor infrastructure and education standards, and a divergence between curricula and labour market demands. The situation is even worse at preschool level, where only 3 per cent of children aged 3-5 years are enrolled, mostly due to lack of access. Poor internal efficiency (24.8 per cent repetition rate) and a low completion rate (29.2 per cent) at post-primary level are raising the percentage of out-of-school-children. The Sahel and East regions are the most disadvantaged, with low enrolment rates and gender inequality.

11. Some 83.6 per cent of children are affected by physical, verbal or emotional abuse or sexual violence, 53.8 per cent of which occurs at school.[7] Among children aged 5-18 years, 34 per cent of girls and 47.7 per cent of boys are working, and 37 per cent of them are involved in hazardous activity, including those working in artisanal gold mines. More than one in five births are not registered. Each year around 1,000 minors in conflict with the law (25 per cent are girls) are deprived of justice services in line with international standards.

[3] The State of the World's Children 2016.
[4] Ibid.
[5] Ibid.
[6] Ministry of Education, 2016.
[7] Situation Analysis, 2016.

Because of negative social norms and cultural practices, 67.6 per cent of women (11.3 per cent of girls under age 15 years) have undergone female genital mutilation/cutting (FGM/C), and 51.3 per cent of girls are married before their eighteenth birthday.

12. The main factors driving these vulnerabilities are: (a) weaknesses in the political and legal framework and in national budget allocation and coordination systems; (b) lack of quality protection services; (c) limited knowledge about child rights among parents and communities; and (d) persistent negative social norms, affecting especially girls.

13. Through the country programme 2011-2017, UNICEF forged strategic partnerships at all levels, including with civil society, communities and donors. Partners recognize the ability of UNICEF to generate and use evidence for political dialogue and advocacy. At the decentralized level, interventions supported by UNICEF in highly marginalized areas continue to help tackle disparities.

14. Recent evaluations suggest that a combination of interventions for supply provision and increased demand in communities, combined with a favourable policy environment, is critical to addressing children's multiple deprivations. Efforts should be focused on communication for development (C4D) and community engagement to drive synergies between the programme components, with emphasis on elimination of social norm-related bottlenecks. In order to foster greater participation and boost social sector performance, a citizen-led social accountability mechanism appears to be a promising initiative. Finally, there is a need to refocus on prevention of stunting, strengthened decentralization and creating traction for youth and adolescents to promote their rights.

Programme priorities and partnerships

15. The overarching goals of the country programme are to: (a) improve the equitable provision and use of child- and adolescent-friendly, quality basic social services; (b) build community resilience, especially in areas where malnutrition and insecurity are highly prevalent; and (c) promote gender equality with an emphasis on empowering adolescents, eliminating child marriage and supporting the continuum of education for girls (preschool, primary and post-primary).

16. The programme will contribute to the Government's strategic vision of development, sustaining peace and security and human rights, and is aligned with the PNDES 2016-2020, the African Union Agenda 2063 and the Sustainable Development Goals.

17. The programme will have components for: health and nutrition; WASH; quality basic education; child protection; social inclusion; and programme effectiveness. These components will draw on the following approaches: (a) strengthened programmatic and geographical convergence, mainly in the Sahel and East regions; (b) resilience building, risk mitigation and emergency preparedness and response; (c) holistic, child-sensitive social protection; (d) promotion of innovation and evidence generation; and (e) adolescent and youth participation.

18. Since the Government endorsed the "Delivering as one" approach in 2016, UNICEF has contributed to the common country assessment and the development of the United Nations Development Assistance Framework (UNDAF) 2018-2020. The programme will support the four UNDAF pillars and will run for three years in accordance with the PNDES and the first reporting milestone for the Sustainable Development Goals.

19. The programme is developed in the spirit of the draft UNICEF Strategic Plan 2018-2021 and will bring together mutually reinforcing strategies in: capacity building; C4D; evidence generation for policy dialogue and advocacy; knowledge-sharing and horizontal cooperation; and monitoring and reporting on international commitments, notably the Convention on the Rights of the Child.

Health and nutrition

20. The health and nutrition component will help to improve access to high-impact interventions that reduce neonatal, infant and child mortality and stunting. UNICEF will continue to contribute to the ongoing sector reform through evidence-based policy dialogue and advocacy, and health system strengthening including the community component.

21. Interventions in health will support: (a) quality care for pregnant women and newborns at institutional and community levels; (b) HIV screening and treatment services with a view to eliminating MTCT and attaining the 90-90-90 targets for children living with HIV; (c) appropriate services to control the main preventable childhood diseases; and (d) adolescent-friendly health services.

22. The interventions in health facilities and communities will focus on 8 of 13 regions where health indicators are below national averages including the Sahel, East and North regions. Effective policy dialogue and advocacy at the national level will support equitable allocation of the state budget, while driving the accountability and improved management of health commodity procurement.

23. Strategies to be employed include: (a) capacity-building of health workers at facilities and in communities to improve quality of care; (b) community engagement in promoting child-friendly practices; (c) introduction and/or scale-up of innovations (mobile health, electronic consultation register, U-Report) and improved supply management system; (d) generation of evidence on the potential impact of innovations; and (e) supply provision in communities.

24. The nutrition programme will encourage adolescent girls, women of childbearing age, especially pregnant and breastfeeding women, and their children aged 0-59 months to adopt optimal nutrition practices and improve equitable use of nutrition-sensitive and specific services. The component will accelerate reduction of the various forms of malnutrition via: (a) efficient, coordinated multisectoral approach and improved nutrition governance through increased awareness, management capacity, domestic resource mobilization and accountability; (b) scale-up of high-impact interventions such as management of acute malnutrition and promotion of optimal infant and young child feeding practices; and (c) strengthened quality nutrition data. The interventions will target the regions with the highest levels of stunting including the Sahel, East and North regions, complemented by national-level interventions.

25. UNICEF will continue to forge partnerships and engage in policy dialogue through the technical and financial partners' group, the Scaling Up Nutrition (SUN) network and the Global Alliance for Resilience Initiative (AGIR). UNICEF will foster strengthened monitoring and evidence generation through a partnership with the Bill & Melinda Gates Foundation, and promote knowledge-sharing on key nutrition programmes.

26. To improve the quality and coverage of nutrition interventions, synergy will be strengthened with WASH through community-led total sanitation and household water treatment, education through early childhood development and adolescent girls' nutrition,

protection through prevention of child marriage and teenage pregnancy, and social inclusion through social safety nets.

27. The component will strengthen its partnerships with: (a) United Nations agencies, including the United Nations Population Fund (UNFPA) and the World Health Organization through the UNDAF and joint programmes such as "All In" and the Global Health Partnership H6; (b) key donors for leveraging resources; and (c) civil society to improve programme effectiveness. UNICEF will continue to promote strong partnerships with the private sector and the Parliament.

Water, sanitation and hygiene

28. The WASH component will help the Government improve access to drinking water and sanitation, eliminate open defecation and promote good hygiene practices in communities, schools and health centres, especially in rural areas. Against a backdrop of climate change, natural disasters (drought and flooding) and emerging epidemics, UNICEF will focus its efforts on improving equitable access to cost-effective technologies for WASH.

29. For the last decade, the WASH sector has made good progress in developing policy documents, with clear division of labour between partners. While some donors provide direct budget support, UNICEF support will draw on effective policy advice, institutional capacity-building, coordination, evidence generation, C4D, leveraging partnerships and innovation. These interventions will focus on the most disadvantaged regions such as Centre West, East and Sahel, as well as at national level.

30. The component will address cross-cutting issues including: (a) prevention of stunting; (b) access to water and sanitation infrastructure and hygiene with a particular focus on menstrual hygiene management in schools; and (c) promotion of the use and maintenance of WASH facilities in health centres.

31. Strategic partnerships will be consolidated with the Ministries of Water and Sanitation, of Health and of Education, as well as key civil society organizations (CSOs) and technical and financial partners. Research will be carried out on emerging themes – climate change and WASH in suburban neighbourhoods – to develop new strategies for the next country programme.

Child protection

32. The component will strengthen the political and legal framework around child protection, and improve access to and use of protection services among children at risk of or affected by abuse, exploitation and violence, including in emergency situations. The interventions will focus on the five regions most affected by violence against children, FGM/C, child marriage and the worst forms of child labour, with an emphasis on young and adolescent girls. Other priorities include birth registration and juvenile justice.

33. UNICEF will strengthen the national child protection system by: (a) better equipping the authorities to strengthen the protective policy and legal system; (b) developing the capacities of institutions and stakeholders to deliver quality protection services; (c) empowering communities and families with information, resources and decision-making authority on child protection; and (d) improving the information management system to produce reliable data to be used for policy and programme development.

34. The component will employ evidence-based advocacy and policy dialogue to develop closer intersectoral links and improve the quality of the integrated child protection services. It will focus on strengthened participation of children and adolescents in driving social norms in favour of child rights and creating an enabling environment for child protection in communities. Strengthening the decentralized protection networks with increased accountability of the municipalities will help to accelerate progress towards these results.

35. UNICEF will work with the Government via the Ministry of Women, National Solidarity and Family which spearheads the sector. It will harness closer United Nations inter-agency partnerships, such as with UNFPA to eliminate negative cultural practices and violence against children, and with the United Nations Development Programme to increase birth registration and improve justice for minors. Through the Child Protection Working Group and thematic groups, it will partner with bilateral and multilateral cooperation bodies and CSOs. This will help to harmonize the strategic vision, approaches and standards across the sector while strengthening advocacy and fostering synergies in support of the child protection system.

Quality basic education

36. Contributing to the National Education and Training Plan 2017-2030, the component will support children aged 3-16 years (mandatory age for education), in particular those living with disabilities and in the most disadvantaged regions (Sahel and East), with improved access to and completion of basic education with gender parity.

37. It will support community-based preschool approaches (ages 3-5 years), help to keep more children in schools and improve learning outcomes (ages 6-11 years) and support a smoother transition between primary and post-primary education (ages 12-15 years), especially for girls.

38. UNICEF will remain a strategic partner to the Government to: (a) increase access to preschool via a multisectoral approach and promotion of local knowledge; (b) reduce the number of out-of-school children by promoting the value of schools in communities and testing alternative education measures such as Franco-Arab schools and catch-up or remedial courses; (c) expand the quality child-friendly schools (Q-CFS) model with an emphasis on children with special needs (children with disabilities, street children and refugees); (d) reduce the dropout rate by improving teaching methods and strengthening curricula; and (e) strengthen capacities of the decentralized education system.

39. UNICEF will continue the joint programme on school feeding to support the Q-CFS in the Sahel region with the Food and Agriculture Organization of the United Nations and the World Food Programme and work with the Partners' group, spearheaded by the Ministry of Education. It will strengthen collaboration with the WASH sector on access to drinking water, sanitation and hygiene at schools, including menstrual hygiene management, and with child protection for elimination of child marriage and FGM/C. Within the multi-country initiative with Mali and Niger, it will promote the safe school strategy in border communities to strengthen school and community resilience to insecurity and other risks. As such, it will model distance learning strategies to expand educational provision in a complex crisis where schools are forced to close.

Social inclusion

40. The component will aim to strengthen social protection systems, and support decentralization and local governance processes via greater community participation in planning, social budgeting and monitoring. It will advocate for child-sensitive social budgeting in line with increased domestic resource mobilization and allocation for priority social sectors, and for effective utilization of resources for children.

41. Updated evidence on poverty and inequality will be gathered to inform policy dialogue to ensure that the needs of the most marginalized children and families are taken into account in strengthening social safety nets and gender-sensitive policies. The component will work with Save the Children and the World Bank on a child-sensitive social protection system.

42. At the decentralized level, it will pursue the reduction of disparities in social indicators through strengthened local governance and social accountability, and citizen-led monitoring. The component will join forces with other sectors to strengthen endogenous community resilience mechanisms.

43. UNICEF will collaborate with the mining sector, in particular through the Corporate Social Responsibility Forum, with a view to influencing the sector's contribution to child-sensitive municipal development plans.

Programme effectiveness

44. The component aims to ensure that the country programme is managed and coordinated effectively through cross-sectoral collaboration in: gender-based programming through girls' education and elimination of FGM/C and child marriage; community resilience; advocacy and external communication; C4D; monitoring and evaluation; promotion of innovations; and emergency preparedness/response. The programme will foster synergies between the components on early childhood development, girls' education and adolescent development, among others. It will support advocacy work with decision makers, influencers and public and private sector partners on child rights, focused on equitable investments in children.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources**	*Total*
Health and nutrition	13 550	19 170	32 720
Water, sanitation and hygiene	7 890	11 160	19 050
Quality basic education	7 330	10 630	17 960
Child protection	6 770	6 920	13 690
Social inclusion	6 120	430	6 550
Programme effectiveness	8 900	1 690	10 590
Total	**50 560**	**50 000**	**100 560**

Programme and risk management

45. The programme will be coordinated with the Ministry of Economy, Finance and Development. UNICEF will continue to chair partners' groups on education, social inclusion and nutrition. UNDAF thematic groups will facilitate joint programming and technical review among United Nations agencies.

46. The main risks foreseen are as follows: (a) insecurity linked to extremist violent groups in bordering communities and major cities, and population movements; (b) natural disasters (mainly drought and flooding); and (c) reduced funding due to shifts in donors' priorities. The main strategy to mitigate these risks is to build resilience among the population through interventions at community and institutional levels and strengthened risk-informed programming.

47. To deliver an effective response to humanitarian crises, UNICEF will carry out joint rapid assessments and strengthen early warning systems with partners, including the government's emergency coordination bodies. The humanitarian country team will revise the inter-agency contingency plan annually. UNICEF will continue to play a leading role in the thematic emergency groups in nutrition, education and WASH. Through its field office in Dori, UNICEF will continue to strengthen decentralized planning and monitoring and early warning systems in the Sahel region.

48. In an effort to maximize resource mobilization, UNICEF will focus on maintaining and expanding its donor portfolio by strengthened visibility, quality of reporting, and knowledge sharing. Emphasis will be placed on decentralized cooperation, generation of evidence on emerging themes (climate change and urbanization) and innovations, and leveraging and better targeting of resources for children.

49. To ensure timely and quality implementation of resources, UNICEF will continue to strengthen the capacity of partners, guided by the harmonized approach to cash transfers (HACT). Introduction of electronic tools will facilitate effective monitoring of recommendations from HACT quality assurance activities.

50. This CPD outlines the contributions of UNICEF to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

51. Monitoring and evaluation will follow a results- and equity-based approach. Indicators will be monitored to track progress on addressing bottlenecks through strengthened incorporation of the Monitoring Results for Equity System in the local monitoring system across programme sectors. UNICEF will ensure evidence-based monitoring and planning during joint programme reviews of the country programme and UNDAF. A midterm programme review will be carried out in 2019 during which time strategic adjustments will be made.

52. An integrated monitoring, evaluation and research plan, complemented by a costed evaluation plan, will guide monitoring and evaluation activities. Evaluations are planned on: (a) gender-based programming; (b) stunting; (c) early childhood development; (d)

National Social Protection Policy and (e) social norms related to FGM/C and child marriage. UNICEF will also support strengthening of the national monitoring and evaluation system through capacity-building and support to the midterm reviews of the PNDES and the National Social Protection Policy.

53. With other United Nations agencies, UNICEF will seek to institutionalize public policy evaluation through strengthening the national statistics system and supporting major national surveys for better availability of quality data for measuring progress of the country programme, UNDAF and the Sustainable Development Goals. The situation analysis will update information on multidimensional child poverty and inequities in child rights, and strengthen evidence-based programming.

Annex

Results and resources framework

Burkina Faso – UNICEF country programme of cooperation, 2018-2020

Convention on the Rights of the Child: Articles 2-3, 5-8, 12-13, 18-20, 23-28, 32-40 **National Plan for Social and Economic Development 2016-2020:** Area 1: institutional reform and modernized government; Area 2: human capital development **Sustainable Development Goals**: 1- 6, 10, 16
UNDAF outcomes (draft): **By 2020:** **1.2:** The Government and other institutions have functioning justice, promotion and human rights protection systems and mechanisms in place. **2.1:** The population with focus on women of reproductive age, newborns, and child and adolescent of both sexes has equitable access to and utilisation of quality health services. **2.2:** Children under 5, young people, adolescents and women have equitable access to multi-sectoral nutrition interventions and services. **2.3:** Children and young people from vulnerable groups – especially women and children living with disabilities and facing emergencies – have access to and complete quality basic education and vocational training, particularly in the Sahel and East regions. **2.4:** Rural and peri-urban populations have increased access to drinking water and sanitation facilities and eradicate open defecation. **3.3:** The most vulnerable groups, especially young people, women, people living with disabilities and the elderly, are covered by inclusive social protection mechanisms. **3.4:** National institutions effectively plan and manage public policy at the national and local levels, based on reliable data and taking account of cross-cutting themes. **4.1:** Institutions at the central and local levels fulfil their climate and environmental risk management duties. **4.2:** Population in the target areas, especially vulnerable groups, are resilient to climate, environmental and economic shocks.
Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas [1]: 1-5

[1] The final version will be presented to the Executive Board for approval at its second regular session of 2017.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. Women of childbearing age, pregnant women, newborns, boys and girls under age 5 years and adolescents use quality health services at health facilities and in communities.	Percentage of boys and girls under age 5 years with uncomplicated malaria treated by community health workers (CHWs) within 24 hours in five targeted regions. B: 1.2% (2016) T: 60%	National surveys	1.1: Health workers have competencies to deliver quality integrated health services to mothers and newborns in the five priority regions. 1.2: The Ministry of Health's technical departments are better equipped to improve quality of integrated child health services, targeting preventable diseases in particular, at health care facilities and in the community. 1.3: Health-care facilities and civil society have capacity to deliver appropriate HIV screening and treatment services for pregnant women, adolescents and children in areas where HIV prevalence rates are highest. 1.4: Individuals, families, service providers and communities adopt social norms and practices favourable to maternal, child and adolescent health. 1.5: The health system has capacity to produce and use quality data to develop result-, equity- and gender-based plans and budgets, manage health procurement appropriately and respond effectively to emergencies.	Ministry of Health, Technical and financial partners, Health sectoral dialogue framework, United Nations, civil society, private sector	7 890	7 480	15 370
	Percentage of children under age 5 years with diarrhoea treated with oral rehydration salts plus zinc supplementation (simultaneous administration) by CHWs B: 2.5% T: 60%	Continuous multisectoral survey (CMS)					
	Percentage of deliveries assisted by skilled attendants B: 74% T: 80%	CMS					
	Percentage of HIV-positive pregnant women receiving a full course of ART B: 62.9% T: 70%	Administrative statistics					
	Percentage of adolescents aged 15-19 years who have knowledge on HIV B: Boys: 29.8%; Girls: 30.7% T: 60% (boys and girls)	CMS					
	Percentage of children aged 12-23 months fully immunized B: 83.9% T: 90%						
2. Adolescent girls, women of childbearing	Exclusive breastfeeding rate (0-6 months)	CMS	2.1: The Government has the capacity to implement, monitor and	Ministry of Health, Ministry of	5 660	11 690	17 350

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
age (especially pregnant and breastfeeding women) and their children aged 0-59 months adopt better nutrition practices and use quality nutrition-specific and -sensitive services.	B: 55% T: 70%		coordinate multisectoral approaches in nutrition at central, regional and communal levels. 2.2: Key strategic actors in the nutrition sector are equipped with the technical skills to use data to design strategies and carry out decentralized monitoring. 2.3: Actors in nutrition- specific and -sensitive sectors have capacity to deliver quality nutrition services. 2.4: Adolescent girls, women of childbearing age and family members, including men, and community leaders have knowledge and aptitudes that enable optimal nutrition practices.	Agriculture, United Nations, CSOs, Technical and financial partners, SUN, AGIR			
	Percentage of children aged 6-23 months receiving a minimum acceptable food intake B: 21.5% T: 30%						
	Percentage of households consuming salt with sufficient iodine B: 23% T: 60%						
	Percentage of children under age 5 years with acute malnutrition treated and cured B: 53% T: 75%	Nutrition survey					
3. Children living in rural areas have improved access to quality water, a healthy environment and sustainable sanitation facilities in communities, in schools, and at health centres.	Percentage of the rural population using potable water supply services B: 65.3% T: 75%	CMS	3.1: Technical departments have strengthened capacities to provide improved services for potable water, hygiene and sanitation in rural areas. 3.2: Rural communities are better equipped to increase demand for water and adopt recommended hygiene and sanitation practices. 3.3: WASH sector stakeholders are equipped with an enabling environment for better planning, budgeting, implementing and monitoring of interventions.	Ministry of Water and Sanitation, CSOs	7 890	11 160	19 050
	Percentage of the population practising open defecation B: 52.3% T: 40%						
	Percentage of primary schools with functional latrines complying with national standards B: 68% T: 76%	Administrative statistics					
Outcome 4: Girls and boys aged 3-16 years have access to and complete	Gross preprimary enrolment ratio B:	Administrative statistics	4.1: Communities have a greater demand for inclusive, equitable, quality pre-primary, primary, post-	Ministry of Education, Technical and	7 330	10 630	17 960

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
inclusive, equitable and quality basic education with a particular emphasis on children living with disabilities, girls, and out-of-school children.	National: 2.9% (Girls: 2.9%) Sahel: 0.55% (Girls: 0.55%) East: 1.7% (Girls: 1.7%) T: National: 7.6% Sahel: 1.62% (Girls: 1.62%) East: 3.8% (G: 3.8%)		primary and informal education, especially for children living with disabilities, girls and out-of-school children, and in particular in the Sahel and East regions including in emergency situations. 4.2: Technical departments have capacity to improve the provision of inclusive, equitable, quality pre-primary, primary, post-primary and informal education, especially for children living with disabilities, girls and out-of-school children, including in emergency situations. 4.3: Educatica stakeholders, especially in the Sahel and East regions, are better equipped to support improved access to quality education for girls and boys aged 3-16 years, including in emergency situations. 4.4: Actors in education structures at central, decentralized and community levels, particularly in the Sahel and East regions, have improved organizational and education management capacities, including in emergency situations.	financial partners, Education sectoral dialogue framework, CSOs			
	Gross primary enrolment ratio B: National: 85.9% (Girls: 86.4%) Sahel: 53.4% (Girls: 51.9%) East: 57.5% (Girls: 56.8%) T: National: 95% Sahel: 70.3% (Girls: 70.3%)						
	Primary completion rate B: National: 55.1% (Girls: 61%) Sahel: 24.5% (Girls: 23.3%) East: 39.8% (Girls: 41.5%) T: National: 75.6% (Girls: 75.6%) Sahel: 32.5% (Girls: 32.5%) East: 55.8% (Girls: 55.8%)						
	Post-primary completion rate B: National: 29.2% (Girls: 28.6%) Sahel: 6.5% (Girls: 4.6%) East: 23.5% (Girls: 14.5%) T: National: 38.2% (Girls: 38.2%) Sahel: 14.5% (Girls: 14.5%) East: 35.5% (G: 35.5%)						
5. The most vulnerable	Birth registration rate	CMS	5.1: The child protection authorities	Ministry of	6 770	6 920	13 690

UNDAF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome, regular resources (RR), other resources (OR), (in thousands of United States dollars)		
					RR	OR	Total
girls and boys, especially those at risk of or affected by violence, exploitation and abuse, are better protected in their families and communities by institutions mandated for child protection and the society in general.	(boys/girls) B: 79.2% (81.6%/76.9%) T: 90%		are better equipped to implement a political and legal framework around child protection at all levels. 5.2: Child protection institutions and stakeholders are better equipped to deliver a minimum package of services to children at risk of or affected by the prioritised deprivation. 5.3: Families, communities, children and adolescents (girls/boys) in the target areas, and in society in general, are better informed and equipped to abandon FGM/C, child marriage and violence. 5.4: Actors in child protection are equipped with and use a functional data collection and management system to inform decision-making and monitor interventions at the communal level.	Women, National Solidarity and Family and other relevant ministries, Technical and financial partners National Assembly, United Nations, CSOs			
	Prevalence of violence against children in communities and at schools B: 83.6% (communities); 53.8% (schools) T: 70% (communities); 45% (schools)	Administrative statistics					
	Percentage of girls aged 20-24 years married: before the age of 15 B: 8.9% T: 5% before the age of 18 B: 51.3% T: 48%	CMS					
	Prevalence of female circumcision among girls aged: 0-5 years B: 4.5% T: 2.5% 0-14 years B: 11.3% T: 9%						
	Number of children and women in conflict with the law who have received services according to the minimum standards B: 600 T: 1,500	Administrative statistics					
	Number of child workers withdrawn from artisanal goldmining sites and reinserted						

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
	in communities B: 26,000 T: 32,000						
6. Children (girls/boys) and women, especially the most disadvantaged, have better access to social protection programmes and the state budget allocation to exercise their rights.	Number of girls/boys receiving support from the social protection system B: N/A T: 800,000, including 400,000 girls	Administrative statistics	6.1: Central and decentralised departments, CSOs and local governments have strengthened capacity to set up appropriate social protection mechanisms. 6.2: The departments of the ministries in charge of finance and social sectors are better equipped with capacity to mobilize and manage resources efficiently, and plan and budget based on women's and children's priority needs. 6.3: Local councillors, village development committees, communities and women's and youth organizations have capacity to participate in social planning and budgeting, and citizen monitoring.	Ministry of Finance, Prime Minister, National Assembly, Technical and financial partners, Social protection sectoral dialogue framework	6 120	430	6 550
	Percentage of the state budget allocated to social protection B: N/A T: 5%						
	Percentage of social protection initiatives using the single register to target vulnerable groups B: 0% T: 70%						
	Annual growth rate in tax revenue B: N/A T: 5%						
7. The country programme is efficiently designed, coordinated and supported to meet quality programming standards in attaining the results in favour of the most marginalized children.	Percentage attainment of programme indicators in the annual management plan B: N/A T: at least 80% Number of evaluations completed B: 0 T: 5 HACT completion rate B (2016): programmatic visit: 90%; spot-checks: 84%; audits and micro assessments: 100% T: at least 90%	Annual report	7.1: UNICEF staff and partners have capacity to plan and monitor programme implementation effectively. 7.2: UNICEF staff and partners are equipped with guidance, tools and resources for effective advocacy, external communication and partnership to promote children's rights. 7.3: UNICEF staff and stakeholders have effective coordination mechanisms to strengthen	Government, United Nations, bilateral and multilateral partners, CSOs	8 980	1 698	10 598

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR), (in thousands of United States dollars)*		
					RR	*OR*	*Total*
			intersectoral synergies				
Total resources					**50 560**	**50 000**	**100 560**